Employment Development Department

State of California

Welfare-to-Work
Client Forms and JTA Handbook

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Workforce Investment Division
June 2002

Welfare-to-Work
Client Forms and JTA Handbook

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Introduction

The Welfare-to-Work (WtW) Client Forms and JTA User Handbook is designed for use by those staff who complete forms as well as for those who use the Job Training Automation (JTA) system for tracking WtW participants. This guidebook replaces the previous JTA User Guide and the Client Forms Handbook and combines the information contained in those two documents into one guide.

This manual reflects the changes to eligibility and reporting requirements that came about as a result of 1999 WtW Grant program amendments. The JTA system was updated as well to reflect the changes required by those amendments. The reader may want to reference the following information bulletins for a history of changes prior to this guide and the WtW directive on the new eligibility requirements:

- WB00-33 DOL Questions and Answers on the 1999 WtW Grant Amendments
- WB00-36 Revised WtW Application/Registration Form
- WB00-42 WtW Participant Transfers
- WD01-6 WtW Grant Program Eligibility

Client Forms Document Flow/System Overview

The WtW subgrantee will complete an Application/Registration form (EWRF) to gather demographic and eligibility data when a client initially applies for the WtW program. After entering this information into the JTA system, the EWRF can be printed by using the print WtW Registration form program (PWRF). A listing of all registered individuals can be created by using the Print WtW Registration Listing (PWRL) program.

Once the client has been determined eligible for the program, an enrollment form (EWEF) will be completed in order to associate the participant to a grant code and a program type. Once entered into the JTA system, the EWEF can be printed by using the associated print program, the Print WtW Enrollment Form (PWEF).

Once enrolled, services delivered to a participant will be tracked on the Monthly Activity Form (EMAF). This form must be completed for the month in which services are first provided and need not be completed again unless a new agency code is used, a new activity is provided, or if the local area decision is to enter this form monthly. For a participant being served by the same agency and provided with the same activity for

many months, only one EMAF needs to be completed, at the beginning of services. The report Print WtW Status Roster (PWSR) will create a list of all participants served.

The employment history of each participant will be tracked by using the Employment Form (EWER). One record will be entered for each new job and any changes made to the existing job. These records can be printed by using the Print WtW Employment Record (PWER) program.

The Termination Form (EWTF) is used to transfer a participant within one grant code from one program type to another (i.e. 30% to 70%), to move a client from one grant code to another or when it is known that the participant will no longer be served. Terminations are done at the case level. These completed forms can be printed from the JTA system by using the Print WtW Termination Form (PWTF).

The Follow-up Form (EWFF) is provided for the use of subgrantees who may want to use it but this form is NOT a requirement of the WtW program. Please note that there is no report provided by the JTA system that provides information regarding participants for whom a follow-up has been done.

The following page demonstrates the forms flow in WtW:

Welfare to Work (WtW) Flow Chart
(updated 10/2001)

Registration Form (EWRF)
One per participant

Enrollment Form (EWEF)
One per funding source (i.e. grant code)

Enrollment Form (EWEF)
One per funding source (i.e. grant code)

Employment Form (EWER)
Every time there is a change in employment

Monthly Activity Form (EMAF)
One for first month of activities or if new activity/agency code

Monthly Activity Form (EMAF)
One for first month of activities or if new activity/agency code

Follow Up Form (EWFF)
Optional use 30, 60, 91, 180 days after first unsubsidized employment

Termination Form (EWTF)
One per enrollment

Termination Form (EWTF)
One per enrollment

Welfare-to-Work Menus

Once you have logged into the JTA system, the main menu will appear. The MIS administrator for each agency will determine menu groups and access rights for each user. The example below is for users who have been assigned to the DEFAULT menu group:

1 **MWTW Welfare to Work**
2 MWIA Workforce Investment Act
3 MSM System Set-Up and Management
4 MCM Cash Management
5 MCR Canned Reports
6 MCAR Custom Ace Reports
7 MSQLAE SQL Assist for ETPL
8 MSQLA Sqlassist
9 MJTPA Old JTPA Screens

The WtW module will have three sub-menus:

1 MWSC   Welfare-to-Work Entry Screens
2 MWLD   Welfare-to-Work Loads/Extracts
3 MWRP   Welfare-to-Work Reports

The three sub-menus contain the following programs:

1 MWSC   Welfare-to-Work Entry Screens:

1   EWRF   Enter WtW Registration Form
2   EWEF   Enter WtW Enrollment Form
3   EMAF   Enter WtW Monthly Activity Form
4   EWER   Enter WtW Employment Record Form
5   EWTF   Enter WtW Termination Form
6   EWFF   Enter WtW Follow-up Form
7   EWGC   Enter WtW Grant Code

2 MWLD   Welfare to Work Loads/Extracts

1   LWRF   Load WtW Registration Form
2   LWEF   Load WtW Enrollment Form
3   LWAF   Load WtW Monthly Activity Form
4   LWER   Load WtW Employment Record Form
5   LWTF   Load WtW Termination Form
6   XWPD   Extract WtW Individual Participant Data

3 MWRP   Welfare to Work Reports

1   PWPR   Print WtW Participant Report
2   PWSR   Print WtW Status Roster
3   PWAR   Print WtW Client Action Report
4   PWRL   Print WtW Registration Listing

5	PWRF	Print WtW Registration Form
6	PWEF	Print WtW Enrollment Form
7	PWER	Print WtW Employment Records
8	PWTF	Print WtW Termination Form
9	PMAR	Print WtW Monthly Activity Form
10	PWFS	Print WtW Summary Follow-Up Report *(not currently in use)*
11	PWFI	Print WtW Follow-Up Report *(not currently in use)*
12	PWBG	Print WtW Base Wage Report

	For detailed instructions that pertain to the JTA system throughout this handbook, please refer to the instructions marked with this icon.

Function Keys

The following chart provides a summary of function keys that are operational in the WtW module. Note that the function key **<F10>** provides an on-line type of help for these functions.

[F1]	Help	Calls a scrolling window with a choice list showing help for the field in which cursor is placed. For example, with the cursor on the ethnicity field, <F1> will show all available ethnicity codes.
[F2]	Clear	Clears all fields of the current screen.
[F3]	Exit	Exits from the current screen to the previous screen. May not be used if entry has been made on the screen without filing the data or if changes have been entered but not filed. To exit without saving changes, use <F2> to clear then <F3> to exit.
[F4]	Go To	Used to move cursor from present field to another field within a form. Press <F4> and enter field number or text to match.
[F5] or [F11] 5	File	Writes the record to the database, assuming all edits and other constraints have been met.
[F6]	Delete	Deletes a record from the database, assuming no reporting period constraints exist.
[F7]	Previous Screen	In a multiple screen process, returns to the previous screen.
[F8]	Next Screen	In a multiple screen process, moves cursor to the next screen.

[F9]	Next	Moves cursor up to the upper left corner of the screen and prompts for keyword of the next process user wishes to call. With this function, users may move to various processes without using the menus.
[F10]	Function Key Menu	Displays a window of Function keys and allows user to scroll through and select desired function. Using <F10> again closes the window.
[F11] or SHIFT [F1]	Previous Logical Process	Calls the program defined in the menu setup as the most logical previous process, after meeting any filing requirements on the current screen.
[F12] or SHIFT [F2]	Next Logical Process	Calls the program defined in the menu setup as the logical next process, after meeting any filing requirements on the current screen.
SHIFT [F3]	Exit to Main	Exits directly to the Main Menu.
SHIFT [F4]	Conditional Operators Help	Displays a choice list for conditional operators, i.e. >, <, %. Only available on print report screens where choices can be made regarding grant codes, agency codes, etc…
SHIFT [F5]	Redraw Screen	Redraws the screen, including any information that was entered on the screen.
SHIFT [F6]	Switch	(This key has no functionality in WtW.)
SHIFT [F7]	Client History	When used on an entry screen, displays client history for the is client whose data is on the screen.
SHIFT [F8]	Clear Field	Clears field from which the function was called, and in some cases, the related fields.
SHIFT [F9]	Restore	Restores and displays original data to all fields after data is changed but not filed.
SHIFT [F10]	Print Screen	Prints the terminal/monitor screen display.

Chapter

2

Application/Registration Form (WtW EWRF)

The Welfare-to-Work (WtW) Application/Registration form is used to record basic individual characteristics, such as: age, ethnicity, gender, etc. The EWRF screen is then used to enter this data into the JTA system.

The numbering of the line items relate to corresponding screens and data element fields in the JTA system. The Application/Registration form is completed by the agency responsible for intake.

In the JTA system, a client may have more than one registration on file, but only one registration can be active. While only one registration is active at any one time, more than one enrollment may be linked to that registration The JTA system will use the client's social security number to determine if an active registration and/or enrollment without a termination exists in the system.

Field Requirements for Filing a Registration Form

A registration does not need to be entered completely before it may be filed. Partial registrations can be filed, but an enrollment cannot be entered against a registration until it has been entered completely and error-free.

Fields Required to File a Registration: 01-03, 13-16, and 18-40

These fields are required and must be completed before a record can be added (filed). If these required fields are incomplete or contain errors, the Registration form will be considered incomplete. The system will not allow entry of the Enrollment form until the registration form is completed and filed in the system.

🖳	For detailed instructions that pertain to the JTA system throughout this handbook, please refer to the instructions marked with this icon.

EDD Employment Development Department
State of California

WELFARE-TO-WORK
APPLICATION / REGISTRATION

Subgrantee Name
01   Application Number
02 Social Security Number

03 Application Date	04 Last Name	05 First Name	Middle

06 Street Address (Residence)	City State (Residence)	07 ZIP (Residence)	08 Phone (Residence) ( )

09 Mail Street	Mail City State	10 Mail ZIP	11 Message Phone ( )

12 GEO Code (Optional)	13 Gender 1 Female 2 Male	14 Birthdate | |	15 Age	16 Citizen 1 U.S. Citizen 2 Eligible Non-Citizen 3 Ineligible Non-Citizen	17 Alien Doc #	18 No. Dependents (Include Participant)	19 Currently Receiving TANF 1 Yes 2 No

20 TANF Case No.	21 TANF Assistance for 30 or More Months 1 Yes 2 No	22 Within 12 Months of TANF Time Limit 1 Yes 2 No	23. TANF Exhausted - Otherwise Eligible 1 Yes 2 No	24 Noncustodial Parent 1 Yes, Custodial Parent Receiving TANF 2 Yes, Custodial Caretaker Receiving TANF 3 Yes, Minor Child Receiving TANF 4 Yes, Minor Child Received TANF past 12 months 5 Yes, Minor Child eligible for TANF/CalWORKs or Receiving FS, SSI, Medicaid or CHIP 6 Yes, Custodial Parent Receiving TANF and Minor Child eligible for TANF/CalWORKs or Receiving FS, SSI, Medicaid or Chip. 9 No	25 Noncustodial Parent Status 1 Unemployed 2 Under-employed 3 Difficulty paying Child Support 4 No

26 Reading Grade	27 Math Grade	28 Highest Grade Completed	29 School Dropout 1 Yes 2 No	30 Received GED 1 Yes 2 No	31 Education Status (Attended) 1 Elementary School 6 2 Yr. College Graduate 2 Secondary School 7 4 Yr. College Graduate 3 High School Graduate 8 Post Grad Work/Degree 4 Voc/Tech School 9 No School 5 Some College

32 Limited English Speaking 1 Yes 2 No	33 Teen Pregnancy 1 Yes 2 No	34 Teen Parent 1 Yes 2 No	35 Poor Work History 1 Yes 2 No	36 Homeless 1 Yes 2 No	37 Disabled 1 Yes 2 No	38 Substance Abuse 1 Yes 2 No	39 Locally-Defined Characteristics 1 Yes 2 No

40 Custodial Parent Below Poverty Level 1 Yes 2 No	41 TANF with LWIB Defined Barriers Self-Sufficiency 1 Yes 2 No	42 Former Foster Care Youth 1 Yes 2 No	43 State Match 1 Yes 2 No	44 10% Window 1 Yes 2 No	45 Eligibility A 70% Provision B 30% Provision C Amended 70% Provisions D Amended 30% Provisions X Ineligible Y Fed 70% Provision Z Fed 30% Provision

46   Ethnicity (Circle One)

AA Asian Indian	AB Cambodian	AC Chinese	AD Filipino	AE Guamanian AF Hawaiian	AG Japanese
AH Korean	AI Laotian	AJ Samoan	AK Vietnamese	AL Other Asian/Pacific Islanders	BL Black-Not Hispanic
HI Hispanic	NA American Indian/Alaskan Native		WH White		

Signature of Interviewer	47 Interviewer ID
Signature of Reviewer	48 Reviewer ID

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Welfare-to-Work program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			

  WTW 10 EWRF

Line Item Instructions

The following are line item instructions for the Application/Registration (EWRF) form. These instructions are intended to assist you with completion of this form and the entry of the data into the JTA system.

The numbering of the line items relate to corresponding screens and data element fields in the JTA system. The entry program consists of two screens. As each screen is completed, the program will take you to the next screen. The **<F7>** and **<F8>** function keys may be used to move between the screens.

	For detailed instructions that pertain to the JTA system throughout this handbook, please refer to the instructions marked with this icon.

Subgrantee Name	Enter the name of the subgrantee.
01 Application Number 	**Required.** Leave blank for automatic generation by the JTA system. If the form does not show an application number, it may be auto-generated by pressing **[Enter/Return]**. You will be asked if the number should be auto-generated. If the response is **Y**, a number will be generated when the record is filed. If this is a new application, the word "ADD" will appear in the upper right-hand corner of the screen. If this is an existing application, either the word "UPDATE" or "VIEW" will appear, depending upon your security level. When a record is opened in "UPDATE" mode, the record will be locked and only the person updating that record will have access to the record.
02 Social Security Number	**Required.** Enter the client's social security number (SSN). This item may not be left blank (Social Security Act Section 1137).

03	***Application Date***	**Required.** Enter the date of the application.
		If the date on this application is earlier than any other applications on file for this client, you will see the following error message:
		"New Record may not be entered. View history? (Y/N)"
		This error indicates that a new application may not be entered. An existing registration exists for this client.
		Enter **Y** if the history for this client is to be viewed for verification. The program will retrieve the history screen and display existing data.
		Enter **N** if you want to clear the existing screen and return to the first field, App Num.
		If there are open case records on file for the client, the entry of this application will not be allowed. Paperwork must be entered in date order. If the case records are after the date of this application, the case records must be deleted before this application may be entered. If the dates on the case records are prior to the date of this application, the cases must be terminated, using the Enter WtW Termination screen, before this application may be entered into the system.
04	***Last Name***	**Required.** Enter the client's last name.
05	***First Name, Middle***	**Required.** Enter the client's first and middle name if provided.
06	***Street Address (Residence)***	**Required.** Enter the street address where the client resides, including apartment numbers and/or letters. Post office box and/or RFD numbers are acceptable for homeless individuals and for those who live in rural areas.
		City, State
		After the ZIP code has been entered, the city and state will be displayed in these two fields.

07 ZIP (Residence)	**Required.** Enter the ZIP code for the client's residence. A lookup table will appear with the city for that ZIP code. If the correct city is displayed, use your arrow key to highlight the city, press **[Enter/Return]**, and the city and state will be filled in automatically. If the correct city is not displayed, select the **"edit"** option. This will allow you to enter the new city for the selected ZIP code. The cursor will then move to the next part of the ZIP code, a four-digit field. If the four-digit code is known, enter it here or leave it blank by pressing the **[Enter/Return]** key.
08 Phone (Residence)	Enter the client's residence phone number, including the area code. This item may be left blank. If the client does not have a residence phone number, record a phone number in Item 11 where the client can receive messages, or record a number here where the client may be reached.
09 Mail Street	Enter the client's mailing address if different from the residence address. **Mail City, State** After the ZIP code has been entered, the city and state will be displayed in these two fields.
10 Mail ZIP	Enter the ZIP code for the client's mailing address. A lookup table will appear with the city for that ZIP code. If the correct city is displayed, use your arrow key to highlight the city, press **[Enter/Return]**, and the city and state will be filled in automatically. If the correct city is not displayed, select the *"edit"* option. This will allow you to enter the new city for the selected ZIP code. The cursor will then move to the next part of the ZIP code, a four-digit field. If the four-digit code is known, enter it here or leave it blank by pressing the **[Enter/Return]** key.
11 Message Phone	Enter a phone number including the area code, where the client can receive messages. This number should be different from Item 08-Phone (Residence).

12	GEO Code (Optional)	This is an optional field. Record the appropriate geographic code assigned by the local area.
		These codes are user-defined. If you do not know what the GEO code is, you may use the **<F1>** key to get a choice list of valid codes.
13	Gender	**Required.** Enter the appropriate number.
		1 Female
		2 Male
14	Birthdate	**Required.** Enter the client's birthdate (MM/DD/YYYY).
		Enter in the format of MMDDYY. Dashes or vertical bar (|) delimiters are not required. The system will convert the date from MMDDYY format to MM/DD/YYYY for display.
15	Age	**Required.** Enter the age of the client at the time of application.
		If the client's age is less than 13 years of age, the following message will appear:
		"Age less than 13. Please check birth date and re-enter."
		If the age is entered incorrectly, the following message will appear:
		"Age incorrect, calculated age = (displays computed age)."
16	Citizen	**Required.** Enter the appropriate number.
		1 U.S. Citizen-A person entitled by birth or naturalization to the protection of a given state of the United States.
		2 Eligible Non-Citizen-An eligible non-citizen is a documented alien who is eligible for Temporary Assistance for Needy Families (TANF) assistance. An eligible non-citizen may also include a national who is a person, though not a citizen, owing permanent allegiance to the United States.
		Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands whether residing in the United States or his/her homeland are U.S. citizens. Citizens of America Samoa, the Republic of the Marshall Islands, and the Federated States of Micronesia whether residing in the United States or his/her homelands are American nationals.

		3 **Ineligible Non-Citizen**-An individual who is neither a citizen nor an eligible non-citizen. The individual is ineligible for the WtW program.
17	*Alien Doc #*	Enter the document number of the alien registration card that establishes the client's eligibility for the WtW Grant Program.
18	*No. of Dependents*	**Required.** Enter the number of dependents in the client's family including the client registering for the WtW program.
19	*Currently receiving TANF*	**Required.** Indicate whether the applicant is receiving TANF (California Work Opportunity and Responsibility to Kids {CalWORKs} in California) at the time of application. If the applicant is a Noncustodial Parent (NCP), this information is not applicable to the NCP's eligibility. Therefore, the "No" box should be selected. 1- Yes 2- No
20	*TANF Case Number*	**Required. Note: If the case number is not known, a "0" may be entered.** Enter the CALWORKS/TANF case number assigned by the local county welfare department to uniquely identify the family participating in the WtW program. If the client is no longer a member of a CALWORKS/TANF family, use the case number previously assigned to the CALWORKS/TANF family. An NCP participating in the WtW program must use the TANF case number for the family that includes his/her child.
21	*TANF Assistance for 30 or more months*	**Required.** Enter **1 (Yes)** or 2 (**No)** to indicate the number of months that the client has received CALWORKS/TANF assistance at the time of registration. If the client is an NCP, enter 1 (**Yes)** or 2 (**No)** for the number of months the custodial parent, minor child, or caretaker relative has received CALWORKS/TANF assistance at the time of registration. **1** **Yes**-The client is currently receiving CALWORKS/TANF assistance and has received CALWORKS/TANF assistance for 30 or more months at the time of registration. If the client is an NCP, the custodial parent, minor child, or caretaker relative has received CALWORKS/TANF assistance for 30 or more months at the time of registration.

	2	**No-**The client has received CALWORKS/TANF assistance for less than 30 months at the time of registration. If the client is an NCP, the custodial parent, minor child, or caretaker relative has received CALWORKS/TANF assistance for less than 30 months at the time of registration.
22	*Within 12 months of Reaching Time Limit*	**Required.** Enter the appropriate number. **1 Yes-**The client will become ineligible for assistance under the CALWORKS/TANF program within 12 months due to federal 60-month lifetime limits. If the client is a NCP, the custodial parent, minor child, or caretaker relative will become ineligible for CALWORKS/TANF assistance within 12 months due to federal or 60-month lifetime limits. **2 No**
23	*TANF Exhausted – Otherwise Eligible*	**Required.** Indicate whether the applicant is no longer receiving CALWORKS/TANF assistance because they have reached their federal 60-month lifetime limit on aid, but would otherwise be eligible for CALWORKS/TANF assistance. **1 Yes** **2 No**
24	*Noncustodial Parent*	**Required.** Enter the appropriate number. Note that if the client is living with his/her dependents, the answer to this question will probably be #9. **1 Yes, Custodial Parent Receiving TANF-**The client is the NCP of a minor child currently receiving CALWORKS/TANF assistance and the custodial parent has been receiving CALWORKS/TANF for 30 months or more. (70 percent eligibility provisions); or the client is a noncustodial parent of a minor child and the custodial parent is currently receiving TANF assistance (30 Percent eligibility provisions). **2 Yes, Custodial Caretaker Receiving TANF-**The client is a noncustodial parent of a minor child currently receiving CALWORKS/TANF assistance and the custodial caretaker relative has been receiving CALWORKS/TANF for 30 months or more (70 percent eligibility provisions).

24	*Noncustodial Parent (continued)*	**3**	**Yes, Minor Child Receiving TANF-**The client is a noncustodial parent of a minor child currently receiving TANF assistance and the minor child has been receiving TANF for 30 months or more (70 percent eligibility provisions).
		4	**Yes, minor child received TANF assistance** in the 12-month period before the date of eligibility determination, but no longer receives assistance.
		5	**Yes**, **the minor child is eligible** for or is receiving assistance under the Food Stamp Program, the Supplemental Security Income program, Medicaid, or the Children's Health Insurance Program.
		6	**Yes, Custodial Parent Receiving TANF and the Minor child is eligible for TANF** or is receiving assistance under the Food Stamp Program, the Supplemental Security Income program, Medicaid, or the Children's Health Insurance Program
		9	**No-**The client is <u>not</u> an NCP.
		A choice list is available for this field by pressing the **<F1>** key.	
25	*Noncustodial Parent Status*	**Required.** This box is completed for NCPs. If the client is <u>not</u> an NCP, enter #4, otherwise Enter any of the categories that apply to the NCP:	
		1	Unemployed. The term "unemployed individual" means an individual who is without a job and who wants and is available for work.
		2	Under-employed. "Under-employed" refers to an individual who is working part-time but desires full–time employment or who is working in employment not commensurate with the individual's demonstrated level of educational and/or skill achievement.
		3	Difficulty paying child support. "Having difficulty paying child support" is an individual who is behind in paying child support or does not have a child support order or does not have the ability to pay child support if ordered.
		4	No.
		A choice list is available for this field by pressing the **<F1>** key.	

26	*Reading Grade*	**Required.** Enter the client's grade level equivalent between 0.1 and 13.0 in English reading as determined by a generally accepted standardized or criterion-referenced test or a school record of reading level (determined within the last six months). The reading scores for most generally accepted standardized instruments are considered valid only for a six-month period. Retesting is required for scores that are over six months old. Record 88 for individuals who refused testing or who otherwise could not be tested. For individuals with a four-year college degree or above (B.A., M.A., Ph.D., etc.), record as 99. Reading and math grades were required eligibility criteria prior to the 1999 WtW Grant Amendments. Effective October 1, 2000, reading and math grades are only required if they are used for documenting locally defined characteristics under the 30 percent provision. This is a required field in the JTA system.
27	*Math Grade*	**Required.** Enter the client's grade level equivalent between 0.1 and 13.0 in mathematics skills as determined by a generally accepted standardized or criterion-referenced test or a school record of mathematics skill level (determined within the last 6 months). The math scores for most generally accepted standardized instruments are considered valid only for a six-month period. Re-testing is required for scores that are over six months old. Record 88 for individuals who refused testing or who otherwise could not be tested. For individuals with a four-year college degree or above (B.A., M.A., Ph.D., etc.), record as 99. Reading and math grades were required eligibility criteria prior to the 1999 WtW Grant Amendments. Effective October 1, 2000, reading and math grades are only required if they are used for documenting locally defined characteristics under the 30 percent provision. This is a required field in the JTA system.
28	*Highest Grade Completed*	**Required.** Enter the highest number that applies to client. **00**　　No school grades completed. **01-11**　Number of elementary/secondary grades completed. Individuals who completed 12th grade but did not

	receive a diploma/equivalent are to be coded 11. Individuals who earned a diploma in a foreign country and whose lack of English proficiency is considered to pose a barrier to employment are to be coded 11.
	12 High School graduate or equivalent.
	13-15 If a high school graduate, the number of school years completed including college or full-time technical or vocational school.
	16 Bachelor's degree or equivalent.
	17 Five years of college, Master's degree (one-year program), or equivalent.
	18 Six years or more of college, Master's degree (two-year program), Ph.D., or equivalent.
	If an applicant has a high school diploma earned in a foreign country and his/her lack of English proficiency is considered to pose a barrier to employment, DOL allows for local flexibility in disregarding the diploma. If a decision is made to disregard the completion of a diploma earned in a foreign country, the individual should be coded 11 and this action must be noted in the client's folder.
29 School Dropout	**Required.** Enter the appropriate number.
	1 **Yes-**The client is no longer attending school and has not received a secondary school diploma or obtained a certificate of general equivalency (e.g., General Education Diploma [GED]).
	Indicate "Yes" if the client has never attended any type of educational program. Make sure to indicate "No School" in Box 31 and note this action in the client's folder.
	2 No
30 Received GED	**Required.** Enter the appropriate number.
	1 **Yes-**The client obtained a certificate of general equivalency (GED).
	No
31 Education Status (Attended)	**Required.** Enter the appropriate number that applies to the client.
	1 Elementary School
	2 Secondary School
	3 High School Graduate

		4 Voc/Tech School
		5 Some College
		6 Two Year College Graduate
		7 Four Year College Graduate
		8 Post Grad Work/Degree
		9 No School
		If the Local Area (LWIA) elects to disregard a high school diploma earned in a foreign country because the client's lack of English proficiency poses a barrier to employment, indicate "9" - No School and note this action in the client's folder.
		A choice list is available for this field by pressing the **<F1>** key.
32	*Limited English-speaking*	**Required.** Enter the appropriate number.
		1 Yes-An individual whose native language is not English, with a limited ability to communicate in English, resulting in a barrier to employment.
		2 No
33	*Teen Pregnancy*	**Required.** Enter the appropriate number.
		1 Yes-The client became pregnant prior to turning age 19, regardless of the current age of the client.
		2 No
34	*Teen Parent*	**Required.** Enter the appropriate number.
		1 Yes-The client is under 18 years of age and provides custodial care for a minor child.
		2 No

35 *Poor Work History*	**Required.** Prior to the WtW 1999 Amendments, poor work history was used as eligibility criteria under the 70% provisions for documenting "at least two barriers to employment." This definition per Title 20, CFR 645.212 was, "client has not worked full-time in unsubsidized employment for more than 13 consecutive weeks in the last 12 calendar months. Effective October 1, 2000, barriers to employment are no longer required under the General Eligibles Category (70%). Operating entities may now define poor work history which can be used to document characteristics associated with or predictive of long term welfare dependence under the 30% provisions. **1 Yes** **2 No**
36 *Homeless*	**Required.** Enter the appropriate number. **1 Yes-**The client's family lacks a fixed and regular nighttime residence; or the family has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or the family is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. **2 No**
37 *Disabled*	**Required.** Enter the appropriate number. **1 Yes-** An individual who has a physical (such as motion, vision, or hearing) or mental (such as learning or development) impairment which substantially limits one or more of such person's major life activities and who has a record of such an impairment, or is regarded as having such an impairment. **2 No**
38 *Substance Abuse*	**Required.** Enter the appropriate number. **1 Yes-**The client requires substance abuse treatment for employment. **2 No**

39	*Locally-Defined Characteristics*	**Required.** Enter the appropriate number. **1 Yes-** Client demonstrates characteristics associated with, or predictive or, long-term welfare dependency. Characteristics associated with, or predictive of, long term welfare dependency means such attributes as: school drop-out, teenage pregnancy, or having a poor work history. In addition to the characteristics listed above, WtW Grant partners may designate locally defined criteria established by the LWIA or WtW 15 percent Grantee. **2 No**
40	*Custodial Parent Below Poverty Level*	**Required.** This box is only used for custodial parent with income below the poverty level. If it is not applicable to the individual's eligibility determination, circle 2 - No. **1 Yes-**The custodial parent has an income below 100 percent of the poverty line (as defined in section 673(2) of the Omnibus Budget Reconcilation Act (OBRA) of 1981 (Public Law 97-35), including any revisions required by such section, applicable to a family of the size involved. Individuals eligible under this criterion do not need to have any connection to CalWORKs program. See WtW directive WD01-6 for a definition of family income. Additional information regarding the HHS Poverty Guidelines is available at: aspe.hhs.gov/poverty/02poverty.htm **2 No-** The applicant's income exceeds the poverty level criteria or this item is not applicable to the applicant.
41	*TANF with LWIB Defined Barriers Self-Sufficiency*	**Required.** Enter the appropriate number. **1 Yes-**The applicant is currently receiving TANF benefits and meets one or more of the barriers to self-sufficiency defined by the LWIB. These barriers may include, but are not limited to: learning disabilities, domestic abuse, mental illness, homelessness, and legal problems. **2 No**

42 *Former Foster Care Youth*	**Required.** Enter the appropriate number.
	1 **Yes-** Youth aged 18 through 24 who before attaining 18 years of age were recipients of foster care maintenance payments under Section 474(4), Part E of the Social Security Act or were in foster care under the responsibility of the State. The length of time in foster care has no effect on the individual's eligibility. The individual is eligible if they received foster care at any time prior to turning 18 years of age. To obtain referrals for youths aging out of foster care, entities must work with the local Child Welfare Services manager in the County Welfare Department and Foster Care Independent Living County Coordinators.
	2 **No**
43 *State Match*	**Required.** Enter the appropriate number.
	1 **Yes-**The client will be enrolled in a WtW program funded with State Match money. This is not the 85 percent Formula or the 15 percent Competitive money subgranted to the LWIAs by the State of California, Employment Development Department.
	2 **No**
44 *10% Window*	The WtW 1999 Amendments eliminate the barriers to employment under the 10% provisions. Effective October 1, 2000, the 10% Window is no longer applicable.
	For all applications dated 10/1/2000 and later, this field will automatically default to "2" and allow no entry.
45 *Eligibility*	(The WtW Grant program 1999 Amendments resulted in changes to the WtW eligibility requirements. Individuals enrolled into the program prior to July 1, 2000, must have met the "old" eligibility requirements, which are designated "A" and "B". Individuals enrolled between July 1, 2000, and September 30, 2000, must have met both the "old" eligibility and "new" eligibility requirements, which are designated "C" and "D" below. For further information regarding eligibility requirements see WtW Directive WD01-6 as well as the information bulletins referenced in Chapter 1 of this guide.)
	Required. The JTA system will calculate eligibility and populate this block with the appropriate codes:
	C. Amended 70 Percent Provision-Primary Eligibility
	The client is eligible under the Primary Eligibility category if they meet the criteria under one of the two provisions.

Eligibility (continued)	1. General Eligibility
	
	• Client is currently receiving CALWORKS/TANF assistance.
	
	   AND
	
	• Has received CALWORKS/TANF assistance for 30 months or more or will become ineligible for CALWORKS assistance within 12 months due to federal lifetime limits.
	
	   OR
	
	• No longer receives CALWORKS/TANF assistance due to federal lifetime limit on aid, but would be otherwise eligible for CALWORKS/TANF assistance.
	
	2. NCP Eligibility
	
	At least <u>one</u> of the following criteria is met:
	
	• The minor child or the custodial parent of the NCP's minor child is currently receiving CALWORKS/TANF assistance and has received assistance for 30 months or more, or will become ineligible for CalWORKS/TANF assistance within 12 months due to either federal lifetime limits;
	
	OR
	
	• The minor child is eligible for, or receiving CALWORKS/TANF assistance;
	
	OR
	
	• The minor child received CALWORKS/TANF assistance in the 12-month period before the date of determination, but no longer receives assistance; OR
	
	• The minor child is eligible for, or receiving assistance under the FS, SSI, Medicaid or CHIP
	
	In addition to meeting one of the criteria listed above, the NCP must also meet one of the following:
	
	• Unemployed
	
	• Underemployed
	
	• Having difficulty paying child support
	
	Note: NCP must agree to a Personal Responsibility Contract within 90 days of enrollment or individual cannot continue to receive services.

Eligibility (continued)	**D. Amended 30 Percent Provision-Other Eligibles**
	Client is eligible under the "Other Eligibles" provisions if <u>one</u> of the following criteria is met**:**
	1　Currently receiving CALWORKS/TANF assistance and meets one of the following
	• Has characteristics associated with or predictive of long-term welfare dependence such as dropped out of school, teenage pregnancy, poor work history or other locally defined characteristic.
	• Has significant barriers to self-sufficiency under criteria defined by the local Workforce Investment Board.
	2　Youth aged 18 through 24 who before attaining 18 years of age were recipients of foster care.
	3　Custodial parent with income below 100 percent of the poverty line.
	X. Ineligible
	The client is ineligible for the WtW program.
	The system will determine eligibility and will insert the appropriate eligibility code(s) in this field. You may modify the eligibility code by removing one or more codes. It is recommended that you certify the client for both the 70 percent and 30 percent provisions at the time of registration. This will eliminate the need to modify the data at a later time.
	Eligibility codes for 70% are:
	A (for application dates prior to 10/1/2000)
	C (For application dates 7/1/2000 and later)
	Eligibility codes for 30% are:
	B (for application dates prior to 10/1/2000)
	D (For application dates 7/1/2000 and later)
	(Note: eligibility codes **"Y" and "Z**" were created for the use of the Federal Competitive Grantees who used the JTA system to key in participant data. **"Y" and "Z"** eligibility criteria and system edits are no longer in use and were replaced by "C" and "D".)

46 Ethnicity	**Required.** Enter at least one and up to six of the following ethnicity code:
	AA Asian Indian
	Persons who indicate his/her race as Asian Indian, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Bengali, Bharati, Dravidian, East Indian, Goanese, Hindu India, Kashmiri, or South Asian.
	AB Cambodian
	Persons who indicate his/her race as Cambodian. Cambodia is a former name for the Khmer Republic.
	AC Chinese
	Persons who indicate his/her race as Chinese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Cantonese, Formosan, Taiwanese, or Tibetan.
	AD Filipino
	Persons who indicate his/her race as Filipino, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Filipino American or Philippine.
	AE Guamanian
	Persons who indicate his/her race as Guamanian, as well as persons, who did not classify themselves in one of the specific race categories, but reported entries such as Chamorro or Guam.
	AF Hawaiian
	Persons who indicated his/her race as Hawaiian native, i.e., an individual whose ancestors were natives, prior to 1778, of the area which now comprises the state of Hawaii.
	AG Japanese
	Persons who indicated his/her race as Japanese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Nipponese or Japanese American.
	AH Korean
	Persons who indicated his/her race as Korean or Korean American.
	AI Laotian
	Persons who indicated his/her race as Laotian.

	AJ Samoan Persons who indicated his/her race as Samoan, American Samoan or Western Samoan. **AK Vietnamese** Persons who indicated his/her race as Vietnamese. **AL Other Asian/Pacific Islanders** Persons who indicated his/her race as Asian/Pacific Islander with categories other than the eleven categories listed above, e.g., Hmong, Indo-Chinese, Pakistani, Maoris, Fiji Islander, Tahitian, or Thai. **BL Black-Not Hispanic** A person having origins in any of the black racial groups of Africa. **HI Hispanic** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (including Spain), regardless of race. Among persons from Central and South American countries, only those who are of Spanish origin, descent, or culture should be included in the Hispanic category. Persons from Brazil, Guiana, and Trinidad, for example, would be classified according to his/her race, and would not necessarily be included in the Hispanic category. Also the Portuguese should be excluded from the Hispanic category and should be classified to his/her race. **NA American Indian/Alaskan Native** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. **WH White** A person having origins in any of the original people of Europe, North Africa, or the Middle East. A choice list is available for this field by pressing the **<F1>** key.
Signature of Interviewer	The person responsible for completion of this form must sign here.
47 Interviewer ID	**Required.** Enter the assigned identification number for the person responsible for completion of this form. A choice list is available for this field by pressing the **<F1>** key.

Signature of Reviewer	The reviewer must sign the application form. The signature certifies that the proper eligibility has been determined for the WtW program.
48 Reviewer ID	**Required.** Enter the reviewer's assigned identification number. A choice list is available for this field by pressing the **<F1>** key.
Signature of Client	Once the application form has been completed, review the form with the client and have them sign and date the application form. The client's signature constitutes the client's certification that the WtW application information is true and correct.
Date	**Required.** Enter the date the reviewer signed this form.
Signature of Parent, Guardian, or Responsible Adult	In the case of a client who is a minor (except an emancipated minor), the signature of a parent or guardian is required to certify that the WtW application information is true and correct.
Date	**Required.** Enter the date the parent, guardian, or responsible adult signed the application form.
Remarks	Provide any additional details essential to this application form.
EWRF Complete	When all required fields have been entered, you may use the **<F5>** key to file the record. If there are errors or missing data in the record, you will be prompted to go to the error to correct it. This must be done prior to entering any enrollments for the client. When the form has been entered with no errors or missing data, **"YES"** will appear in the field **EWRF Complete**. If you requested an auto-generated application number, the number will be generated at this time. This number should be recorded on the form, as it will be used on future records.

In the JTA system, after all required fields have been entered, the record may be filed by using the **<F5>** (file) key. If all the fields are complete/accurate a WtW case number is generated. If all required fields are not populated the user will get an error message directing them to the required field. If all fields are populated, but there is a content error the error message : "Form contains missing or inconsistent data. Return to form or File ? (R/F)." Hit the enter key and the JTA system will take you to the field and should explain the error. **Note: The <F5> file key is used on all screens to file the data, this creates a record of that screen in your database.**

```
EWRF                        Enter WtW Registration Form                    ADD

01   App Num                        18   Num Dependents
02   SSN                            19   Currently Recvg TANF
03   App Date                       20   TANF Case Num
04   Last Name                      21   TANF Assist >=30 Mths
05   First MI                       22   Within 12 Mths Limit
06   Strt Adrs                      23   TANF Exhst/Otherwise Elig.
     City                           24   Non-Custodial Parent
     St                             25   Non-Custodial Parent Status
07   ZIP                            26   Reading Grade
08   Phone                          27   Math Grade
09   Mail Strt                      28   Hi Grade Completed
     Mail City                      29   School Dropout
     Mail St                        30   Received GED
10   Mail Zip                       31   Education Status
11   Message Phone                  32   Lim English Speaking
12   GEO                            33   Teen Pregnancy
13   Gender                         34   Teen Parent
14   Birthdate                      35   Poor Work History
15   Age                            36   Homeless
16   Citizen                        37   Disabled
17   Alien Doc                      38   Substance Abuse
                                    39   Locally Defined Char
```

```
EWRF                        Enter WtW Registration Form                    ADD

40   Custodial Parent Below Poverty Level
41   TANF with LWIB-Defined Barriers
42   Former Foster Care Youth
43   State Match
44   10% Window
45   Eligibility
46   Ethnicity
47   Interviewer ID
48   Reviewer ID



EWRF Complete
```

Chapter

3

Enrollment Form (WtW EWEF)

The WtW Enrollment form (EWEF) is used to record the enrollment of an eligible WtW client into the WtW grant program. Once a program operator has completed the intake/eligibility process and obtained the documentation required to substantiate the client's eligibility for the program, an enrollment form should be completed. In the JTA system, creating an enrollment creates a case number, which is how all subsequent records are tracked in the system.

Enrollment does not constitute a "participant served" status. Enrollment is defined as: intake, initial assessment, and eligibility determination has occurred and the client may or may not be receiving a service. A client is classified as a "participant served" only when actual services have begun such as in-depth assessment, development of individualized service strategy, case management, job readiness, work activities, or support services. The WtW Monthly Activity form is used to record the "participant served" status.

Only one enrollment form is completed for each client unless the client is receiving services from two different WtW funding sources or the client has been transferred from 30% to 70%. For example, if the client is co-enrolled in both the WtW 85 percent formulas fund and the 15 percent competitive grant programs, a separate enrollment form would be completed for each funding source. The enrollment form is **not** used to track enrollment into activities or services. The Monthly Activity form is used for this purpose. This form will usually have a preprinted case number on the top right-hand corner of the form. If there is no preprinted number, an auto-generated number will be assigned when the form is entered in the JTA system. This number should be recorded on the form.

EDD Employment Development Department State of California	
Welfare-To-Work ENROLLMENT	**01 Case Number**
	02 Application Number
	Social Security Number | |

(TO BE SUBMITTED FOR ENROLLMENT)

Last Name	First Name	Middle

03 Assessment Prior to Enrollment	04 Assessment Date	05 Enrollment Date	06 Enrollment Code
1 Yes 2 No	| |	| |	1 New Enrollment 2 Returning Enrollment 3 Concurrent/Transfer Enrollment

07 Program Type	Grant Code	08 Year of Appropriation	09 Agency Code (optional)	10 Enrolling Staff ID
1 70% Formula Program 2 30% Formula Program 3 70% State Competitive Grant 4 30% State Competitive Grant 5 70% Federal Competitive Grant 6 30% Federal Competitive Grant 7 State Match				

Enrolling Staff Signature	Date
	| |

Remarks

WTW EWEF

Line Item Instructions

The following are line item instructions for the Enrollment (EWEF) form. These instructions are intended to assist you with completion of this form and the entry of the data into the JTA system.

The numbering of the line items relate to the corresponding screen and data element fields in the JTA system.

	For detailed instructions that pertain to the JTA system throughout this handbook, please refer to the instructions marked with this icon.

01	*Case Number*	**Required.** This number may be preprinted on the form. If the form you are using does not have a preprinted number, you may either assign one or allow the computer to assign the next sequential number. Do not reuse closed case numbers.
		To auto-generate a number, press **[Enter/Return]**. You will be asked if you wish to auto-generate a number. If you respond with **Y**, a number will be generated when the record is filed.
		If this is a new case record, the word "ADD" will appear in the upper right-hand corner of the screen. If this is an existing case record, either the word "UPDATE" or "VIEW" will appear.
		When a record is opened in "UPDATE" mode, the record will be locked and only the person updating that record will have access to that record. If another user attempts to access the record, any changes the second user makes will be lost.
		If this is an existing case record and a termination has been entered for this case record, changes to the record will not be allowed. If changes are required, the termination form must be deleted, and the changes may then be made to the Enrollment form.
02	*Application Number*	**Required.** Enter the application number as it appears on the Application/Registration form.
		The application/registration must exist in the system and be complete (see *Field Requirements for Filing a Registration Form* in Chapter 2.) After this number has been entered, the client's name and social security number will be displayed.
	Social Security Number	The JTA system will display the client's SSN. Compare the SSN entered here to the SSN shown on the Application/Registration form to verify its accuracy.

	Last Name, First Name, Middle	The JTA system will display the client's name, last name first. Compare it with the registration form to verify its accuracy.
03	*Assessment Prior to Enrollment*	**Required.** Enter the appropriate number. **1 Yes -** An assessment was conducted for the client prior to enrollment into a WtW program. **2 No -** An assessment was not conducted prior to enrollment for the client.
04	*Assessment Date*	If an assessment was conducted prior to enrollment into a WtW program, enter the date (MMDDYYYY). **This entry is required if a 1 is entered in the previous field.**
05	*Enrollment Date*	**Required.** Enter the actual date (MMDDYYYY) that the client enrolled in the WtW program. Do not leave this item blank. This date cannot be prior to the application date.
06	*Enrollment Code*	**Required.** Enter the appropriate enrollment code: **1 New Enrollment -** A client who is being enrolled into the WtW program for the first time. **2 Returning Enrollment -** A client who is returning to the WtW program after previously terminating from the program. This requires the entry of a new registration form. **3 Concurrent/Transfer Enrollment -** A client who has been enrolled in another WtW program during this registration cycle or has transferred from another grant code or from 30 percent to 70 percent. This can be a transfer or a concurrent enrollment. If **1** is entered, there must be no other enrollments on file for this registration number. If there are, the following error message will be displayed: **"Entry cannot be 1, client has a termed WtW case."** If **2** is entered, there must be a previous registration, enrollment, and termination on file for the client. If this is not the case, the following error message will be displayed: **"Entry cannot be 2. Client does not have a termed WtW case."** If **3** is entered, the client is currently enrolled in one WtW program but will either transfer or concurrently enroll in another WtW funding source.

07 Program Type	**Required.** Enter the code indicating which WtW program the client will participate in. If the client is co-enrolled in more than one grant code, complete a separate EWEF form for each grant code the client is enrolled in. **1 70% Formula Program** **2 30% Formula Program** **3 70% State Competitive Grant** **4 30% State Competitive Grant** **5 70% Federal Competitive Grant** **6 30% Federal Competitive Grant** **7 State Match** If the code entered is **1**, **3**, or **5**, the eligibility code on the registration must include an **C.** If the code entered is **2**, **4**, or **6**, the eligibility code on the registration must include a **D**. If the code entered is **7**, Field 41, State Match on the Registration form must be **1** (Yes).
Grant Code	**Required.** Enter the grant code for the WtW program in which the client has been enrolled. Refer to the list of assigned WtW grant codes for accurate identification numbers. After the Program Type has been entered, the grant code will be displayed by the system in the grant code field. If there is more than one valid grant code for the chosen program type, a window will be displayed and the appropriate grant code may then be selected.
08 Year of Appropriation	**Required.** Enter the year of appropriation for these WtW funds.
09 Agency Code (optional)	Enter the agency identification number for the WtW agency that provided intake and eligibility. A choice list is available for this field by pressing the **<F1>** key.
10 Enrolling Staff ID	**Required.** Enter the name or staff identification number of the staff enrolling the client into the grant/program. A choice list is available for this field by pressing the **<F1>** key.
Enrolling Staff Signature/Date	The person responsible for the completion of this form should sign and date here. The signature certifies that the client's enrollment information has been verified.
Remarks	Provide any additional details essential to this case record.

EWEF - Enter WtW Enrollment Screen

```
EWEF                          Enter WtW Enrollment Form            ADD

01   Case Num                    Name
02   App Num                     SSN

03   Assessment Prior to Enrollment
04   Assessment Date
05   Enrollment Date
06   Enrollment Code
07   Program Type
     Grant Code
08   YOA
09   Agency Code
10   Enrolling Staff ID
```

Chapter

4

Monthly Activity Form (WtW EMAF)

The WtW Monthly Activity form (EMAF) is used to record the activities and services received by a client and provides the option of recording the dollar amount spent on these activities. The EMAF is also used to record the first date a client actually begins receiving services and is classified as a "participant served."

This form <u>may</u> be completed for each month that a client participates. At a minimum, it <u>must</u> be completed for the first month the client actually began receiving services, and any subsequent month that a new service was provided. If the client did not receive any new service or have any activity in a specific month, completion of the EMAF is not required for that month.

Only the activities or services funded by the WtW Grant should be recorded on this form. The estimated cost of each activity or service should exclude the cost of administration. The cost of intake, eligibility determination, in-depth assessment, individualized services strategy, and case management services must be recorded under activity code 13.

In the JTA system, a record should be created for the first month of services. It is not required to enter a new record for each subsequent month unless a new service is provided or a new agency provides a service. If one agency provides the same activity for several months, only the originating record must be added. If that agency provides a new activity, or a new agency provides the same activity, a new record should be added or the activity will not be counted in the participant report.

EDD Employment Development Department
State of California

Welfare-to-Work
MONTHLY ACTIVITY FORM

01   Case Number
Application Number
Social Security Number

(TO BE SUBMITTED MONTHLY FOR EACH PARTICIPANT SERVED)

Last Name	First Name	Middle

02 First Date Participant Served	Program Type	Grant Code	Staff ID/Name	03 Reporting Month/Year

04   Amount Expended by Activity

	Agency Code	Activity Code	Activity Description	Option Code (Optional)	Total $ Expended	Estimated Completion Date (Optional)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Activity Codes –

01	Community Service	05	On-the-Job Training	09	*(No longer in use)*
02	Work Experience Program	06	Job Readiness	10	Job Retention Services
03	Public Sector Employment Wage Subsidy	07	Job Placement Services	11	Supportive Services
04	Private Sector Employment Wage Subsidy	08	Post-Employment Services	12	*(No longer in use)*
				13	In-depth Assessment, Individualized Service Strategy, or Case Management Services
				14	Pre-employment Job Training/Vocational Education

WTW EMAF

Line Item Instructions

The following are line item instructions for the Monthly Activity (EMAF) form. These instructions are intended to assist you with completion of this form and the entry of the data into the JTA system.

01 Case Number	**Required.** Enter the case number from the WtW Enrollment form (EWEF). This must be a case number for a person who has been enrolled into the WtW program. If the client has not yet been enrolled, the following error message will be displayed: **"No Record Found."** If this message appears, make sure the WtW enrollment has been entered for this client. You may use the Query Client History (QCH) screen to view the history information. Once a valid case number has been entered, the client's name, application number, social security number, program type, and grant code will be displayed.
Application Number	**Required.** Enter the application number as it appears on the Application/Registration form (EWRF).
Social Security Number	**Required.** Enter the client's social security number (SSN). Compare the SSN entered here to the SSN shown on the Application/Registration form to verify its accuracy.
Last Name, First Name, Middle	**Required.** Enter the client's name, last name first, and compare it with the registration form to verify its accuracy.
02 First Date Participant Served	**Required.** Enter the first date a client actually begins receiving services and is classified as a "participant served." A client is classified as a "participant served" only when actual services have begun such as in-depth assessment, development of individualized service strategy, case management, job readiness, work activities, or support/job retention services. This date will not change for subsequent months after the first month of participation unless an error was made in entering the first month.
Program Type	**Required.** Enter the program type in which the client was enrolled from the WtW Enrollment form.
Grant Code	**Required.** Enter the grant code for the WtW program in which the client is being served. Refer to the list of assigned WtW grant codes for accurate identification numbers.

Staff ID/Name	**Required.** Enter the staff identification number and name of the person responsible for the completion of this form.
03 Reporting Month/Year	**Required.** Enter the month and year (MM/YYYY) in which these activities and services were provided to the client. The client will have a Monthly Activity form for the first month that he or she participates in the WtW program and is provided with training and/or services. A subsequent activity form NEED NOT be entered unless there is a change in the agency or activity.
04 Amount Expended by Activity	This section of the monthly activity form collects information on the types of activities/services the client receives and the dollar amount spent for each activity/service for each month that the client participates.
Agency Code	**Required.** Enter the agency identification number for the WtW agency that provided the activity or service. Refer to the MIS assigned agency number list for accurate identification numbers.
Activity Code	**Required.** Enter the code that corresponds to the activity or service provided to the client. **01 Community Service -** Community service positions can be with public or private non-profit employers. Clients in community service funded positions through the WtW Program are considered temporary employees, will apply for work, and be subject to hiring and termination by the employer, and will be expected to perform work for the benefit of the employer. The activity must comply with the anti-displacement provisions contained in State law. **02 Work Experience Program -** Work Experience can be with public or private employers. Clients in work experience positions funded through the WtW Grant Program are considered temporary employees, will apply for the work and be subject to hiring and termination by the employer, and will be expected to perform work for the benefit of the employer. The activity must comply with the anti-displacement provisions contained in State law. **03 Public Sector Employment Wage Subsidy -** Job creation in which the WtW client draws a salary and is considered to be an employee, financed through public sector employment wage subsidies. **04 Private Sector Employment Wage Subsidy -** Job creation in which the WtW client draws a salary and is considered to be an employee, financed through private sector employment wage subsidies.

Activity Code (continued)	**05 On-the-Job Training-**On-the-job training (OJT) is employment by an employer in the public or private sector. A portion of the wages paid by the employer may be reimbursed to cover the employer's expense in training the client. **06 Job Readiness -** Job Readiness must be provided through vouchers or contracts with public or private providers. Voucher/contract requirements apply only to WtW 85 percent funds. These services provide recipients with training in job seeking and interviewing skills, understanding employer expectations, and enhancing a client's capacity to move toward self-sufficiency. This may include entrepreneurial training. **07 Job Placement Services -** Job placement services must be provided through vouchers or contracts with public or private providers. Voucher /contract requirements apply only to 85 percent funds. Services may include, but are not limited to, skill assessment, identifying ranges of occupations available in the local labor market, and job development activities. **08 Post-Employment Services -** Post-employment services must be provided through vouchers or contracts with public or private providers. Voucher /contract requirements apply only to 85 percent funds. Services may include, but are not limited to, basic educational skills training, occupational skills training, English as a second language training, and job mentoring. **09 No longer in use** **10 Job Retention Services -** In order to receive job retention services the client must be participating in a job readiness activity, an employment activity, or in any other subsidized or unsubsidized job, including participation in a registered apprenticeship program provided by the enrolling agency or another agency. Job retention services may be provided only if they are not otherwise available to the client. These services include, but are not limited to, transportation assistance, non-medical substance abuse treatment, childcare, emergency or short-term housing assistance, or disability-related services.

Activity Code (continued)	**11 Supportive Services -** In order to receive supportive services, the client must be participating in a job readiness activity, an employment activity or in any other subsidized or unsubsidized job, including participation in a registered apprenticeship program. Supportive services may be provided only if they are not otherwise available to the client. These services include, but are not limited to, transportation assistance, non-medical substance abuse treatment, childcare, emergency or short-term housing assistance, or disability-related services. **12 No longer in use** **13 In-depth Assessment, Individualized Service Strategy, or Case Management Services -** Record services associated with intake, eligibility determination, in-depth assessment, individualized service strategy, and case management services. An in-depth assessment is used to appraise the skill levels and service needs of the client and can include a review of basic skills, occupational skills, prior work experience, employability, interest, aptitudes (including interest and aptitudes for nontraditional jobs), and supportive services needs. When appropriate, the assessment performed by the CALWORKS/TANF agency should be used for this purpose. An Individualized Service Strategy (ISS) must be developed for each client. When appropriate, the CALWORKS/TANF individual responsibility plan should be used for this purpose. The individual plan should include an employment goal, appropriate achievement objectives, and the appropriate combination of services for the client based on the assessment. Case management refers to the provision of a client-centered approach in the delivery of services. **14 Pre-employment Job Training/Vocational Education** This activity may be provided up to six months prior to the client entering employment or a WtW employment activity. These activities must be related to preparing a client for employment. WtW Pre-employment or Vocational Education services can be provided effective July 1, 2000, however, federal formula funds for these activities may not be expended until October 1, 2000.
Activity Description	**Required.** Enter the name of the activity that corresponds to the activity code used.

Option Code (Optional)	Enter the option code that best describes the activity in which the client took part. Refer to the Management Information System (MIS) assigned option code identification list for accurate identification numbers. This item may be left blank.
Total $ Expended (optional)	Enter the estimated expenditures that are associated with the client's participation in any of the activities/services listed on the form. Use the format 99999.99. Cost estimates should exclude the cost of administration. Record the cost of intake, eligibility determinations, and case management services under activity code 13. This item is optional and may be left blank.
Estimated Completion Date (Optional)	Enter the date (MMDDYYYY) on which it is expected that the client will complete this activity. This item may be left blank.

In the JTA system, after all required fields have been entered,, the record may be filed by using the **<F5>** key. At this point, the WtW case record will be updated with the entry operator's user ID. If this is a new record, the entry date will be recorded on the client's case record. If this record was updated (not a new record), the record will be updated with the modification date. The modification date will be updated each time the record is changed.

Function Keys

The following function keys are available in this entry screen:

<F4>	The GO-TO function is not available in this entry screen.
<F5>	Each entered field will be updated. If a row has been cleared (**<F18>**), that row will be deleted.
<F6>	The Monthly Activity form may be deleted if there is no termination on file for the case record and if this is the most recent Monthly Activity form. If there is a termination on file, the following message will appear and the termination must be deleted before this record can be deleted: **"Cannot delete, case has been terminated."** If there is a more recent Monthly Activity form on file for the client, the following message will be displayed and the more recent Monthly Activity form must be deleted before this one may be deleted: **"Cannot delete, more recent Reporting Period data exists."**
<F7>	This function key will scroll backward within the scrolling region.

<F8>	This function key will scroll forward within the scrolling region.
<F18>	If the cursor is placed in the first field of a scrolling (Agency Code), this key will clear the row when the record is filed (one instance of Activity/Agency information or Agency information).

If the cursor is placed in a non-scrolling field, the field will be cleared. |

All other function keys will operate in the normal mode.

EMAF-Enter WtW Monthly Activity Screen

```
EMAF                    Enter WtW Monthly Activity Form              ADD

01 Case Num    Name
   App Num     SSN            Program Type              Grnt Cd
02 First Date Participant Served
03 Reporting Month/Year

04   Amount Expended by Activity


Agency         Activity      Activity      Option      Total        Estimated
Code           Code          Description   code        Expenditures  Completio
                                           (Optional)                n Date
                                                                     /  /
                                                                     /  /
```

Employment Record Form (WtW EWER)

The WtW Employment Record form (EWER) is used to record the client's employment and work activity information. The WtW program requires that eligible clients must be placed in one of the prescribed employment activities or in any subsidized or unsubsidized job prior to receiving post employment services. This form provides documentation of that information.

The employment may occur prior to entry into the WtW program or during the client's participation and may be full-time or part-time, including self-employment. Employment also includes entry into the Peace Corps, VISTA, and other national service programs funded by the Federal Corporation for National and Community Services under the National and Community Service Trust Act of 1993. Examples of the latter are activities in the Americorps and the National Civilian Community Corps programs.

Clients may be employed in multiple jobs either concurrently or sequentially. Once the first employment record has been entered, any change in employment such as an increase in work hours, change in hourly wage, or upgrade from a subsidized to an unsubsidized position will require you to complete a new employment form.

In the JTA system, each time a new placement is entered the system will auto-generate a unique employment number will be assigned. This number should be recorded on the form after it has been assigned by the JTA system.

Welfare-to-Work
EMPLOYMENT RECORD

01	Case Number

Application Number

Social Security Number

Employment Record Number

(TO BE SUBMITTED TO RECORD EMPLOYMENT INFORMATION)

Last Name	First Name	Middle

Program Type	02 Agency Code (Optional)	03 Date Employed	04 Employer Number

05 Employer Name	Employer Address
Employer City / State	Employer ZIP
06 Employer Contact	07 Phone

08 Concurrent Employment	09 Job Code	Job Title
1 Yes 2 No		

10 Hours Per Week	11 Hourly Wage	12 Amount of Hourly Wage Subsidy	13 Sector Type	14 Fringe Benefits (Optional)	15 Non-Traditional Employment for Women (Optional)
			1 Fully Subsidized 2 Partially Subsidized 3 Unsubsidized 4 Unsubsidized at Entry	1 Yes 2 No	1 Yes 2 No

16 Placement Staff ID	Placement Staff Signature	Date

Remarks

WTW EWER

Line Item Instructions

The following are line item instructions for the Employment Record (EWER) form. These instructions are intended to assist you with completion of this form and the entry of the data into the JTA system.

	For detailed instructions that pertain to the JTA system throughout this handbook, please refer to the instructions marked with this icon.

01 Case Number 	**Required.** Enter the enrollment number from the WtW Enrollment form (EWEF). Compare this number with the case number on the EWEF to verify its accuracy. This must be an existing WtW case number (the client must be enrolled in the WtW program). If the case record information is not found, the following error message will be displayed: **"No record found."** After a valid case number has been entered, the client's name and other information will be displayed.
Application Number	**Required.** Enter the application number as it appears on the Application/Registration form.
Social Security Number	**Required.** Enter the client's social security number (SSN). Compare the SSN entered here to the SSN shown on the registration form to verify its accuracy.
Employment Record Number 	**Required.** This field is generated by the JTA system. It is a sequential number used to track changes to the employment record, including an increase in work hours, a change in wages, a new employer, etc. If a placement has been entered for this client, but the employment number is not known, use the **<F1>** key to display a choice list of employment number, date employed, and employer name.
Last Name, First Name, Middle	**Required.** Enter the client's name, last name first, and compare it with the registration form to verify its accuracy.
Program Type	**Required.** Enter the program type the client was enrolled in from the WtW Enrollment form.

02 Agency Code (Optional)	Enter the agency that had primary responsibility for assisting the client in attaining employment. This is an optional entry.

If the code is not known, use the **<F1>** key to display a choice list of valid agency codes. |
| *03 Date Employed* | **Required.** Enter the date (MM/DD/YYYY) the client entered employment. |
| *04 Employer Number* | **Required.** Enter the JTA employer number assigned to the employer if it is known. If it is not known, enter the employer name in the next field. This is not a Federal Tax ID number.

If the employer number is not known, press **[Enter/Return]** to go to the Employer Name field. |
| *05 Employer Name* | **Required.** Enter the business name of the employer for whom the client is working.

If the employer number was entered, the employer name will be displayed here.

If the employer number was left blank, you may enter the first few letters of the employer name and press the **<F1>** key. This will display a choice list of employer names. Use the up and down arrow keys to select the correct employer. If the employer is not listed, select the option "Enter New Employer" to bring up the "Enter Employer Data (EEMP)" entry screen.

Once a valid employer name and/or number has been entered, the employer's address, city, state, and ZIP code will be displayed. |
Employer Address	**Required.** Enter the street address of the employer.
Employer City/State	**Required.** Enter the city and state of the employer.
Employer ZIP	**Required.** Enter the ZIP code of the employer.
06 Employer Contact	**Required.** Enter the full name of the contact person to verify or discuss the placement. If the personnel office is given, provide the name of the person authorized to hire the client.
07 Phone	**Required.** Enter the employer's contact telephone number including the area code. Do not leave this item blank.

08 Concurrent Employment	**Required.** Enter the appropriate number. **1 Yes -** The client is employed at more than one job. **2 No -** This is the only employment for the client.

09 Job Code	**Required.** Enter the corresponding job code that best describes the client's job from whichever source has been selected by your local area:
	   Dictionary of Occupational Titles (DOT),
	   Occupational Employment Survey (OES),
	   Occupational Information Network (O*NET, O*NET3)
	Local Workforce Investment Area (LWIA) predetermines the type of code that can be entered. If you do not know which type of code is used for your LWIA, contact your JTA system administrator. This entry is required.
	
	It is not necessary to enter dots or dashes in this field. Once a valid job code has been entered, the job code description will be displayed.

Job Title	**Required.** Check the display for the correct job title.
10 Hours per Week	**Required.** Enter the number of hours per week the client is working. This must be a numeric value between 1 and 169. If the hours entered are greater than 60, you will be alerted that the hours entered are unusually high and will be required to validate your entry.
11 Hourly Wage	**Required.** Enter the hourly wage the client is earning. If the client is paid by commission or receives a monthly salary, convert to the hourly wage by dividing the amount by the number of hours the client is expected to work. The term "hourly wage" includes any bonuses, tips, gratuities, and commissions and overtime pay earned. If the wages are outside of the $4.25 to $20 range, a message will be displayed that will require you to validate the entry.
12 Amount of Hourly Wage Subsidy	**Required.** Enter the amount of any hourly wage subsidy. If no subsidy is received, enter a **0**.

13 Sector Type	**Required.** Enter the appropriate number. **1 Fully Subsidized -** The client is employed in a job that is 100 percent subsidized. **2 Partially Subsidized -** The client is employed in a job that is less than 100 percent subsidized and is not workfare. **3 Unsubsidized -** The client is employed in an unsubsidized job after entering the WtW program. **4 Unsubsidized at Entry -** The client is employed in an unsubsidized job that was obtained prior to entering the WtW program. Use the **<F1>** key to display a choice list of valid codes.
14 Fringe Benefits (Optional)	Enter the appropriate number. **1 Yes -** The employment provides the client with employer assisted fringe benefits consisting of, at a minimum, health insurance benefits and coverage under social security or an equivalent pension plan. For clients holding multiple jobs, this item should be recorded as **Yes** if any job provides fringe benefits. "Employer assisted benefits" mean that the employment or employer pays all or part of the employee's benefits. Record **Yes** in cases where a period of probation is required by the employer for a newly hired client, during which time fringe benefits are not provided, if such employment normally provides fringe benefits after the period of probation; or if benefits were offered, but were refused by the client. **2 No**

15 Non-Traditional Employment for Women (Optional)	Enter the appropriate number. Complete this item for female clients only.
	1 Yes - The client has been placed in an occupation or field of work where women comprise less than 25 percent of the clients employed in such occupation or field of work. If local information is unavailable to determine this percentage, contact the EDD Labor Market Information Division for assistance at (916) 262-2162. Labor Market Information can also be obtained via the Internet at: www.calmis.ca.gov/. This designation must be for the same job that is recorded for Item 09 above. This item may be left blank.
	2 No
16 Placement Staff ID	**Required.** Enter the assigned identification number of the person responsible for the completion of this form.
	Use the **<F1>** key to display a choice list of valid codes.
Placement Staff Signature	The person responsible for the completion of this form should sign here. The signature certifies that the client's employment has been verified.
Date	**Required.** Enter the date the placement staff completed this form.
Remarks	Provide any additional details essential to this record.

In the JTA system, after all required fields have been entered, the record may be filed by using the **<File>** key. At this point, the WtW Employment Record form will be updated with the entry operator's user ID. If this is a new record, the entry date will be recorded on the client's case record. If this is an existing record and the record was updated (not a new record), the modification date will be updated with the current date. The modification date will be updated each time the record is modified.

Function Keys

The following are the function keys that are available in this program:

<F5>	File key. If a placement number has been auto-generated, the following message will appear:
	"Please record auto generated data. **Press any key to continue."**

<F6>	Deletion Key. The record may be deleted if a termination is not on file for this case number and this is the most recent employment record for the client.
	If there is a termination on file, the following message will be displayed:
	"Cannot delete, case has been terminated."
	If there is a more recent employment on file, the following message will be displayed:
	"Cannot delete, more recent employment data exists."
	If either of these two messages is displayed, you must delete the termination or more recent employment form before deleting this record.
	All other function keys will operate in the normal mode.

EWER-Enter WtW Employment Record Screen

```
EWER                        Enter WtW Employment Record              ADD

01 Case Num                 Name
   Emplmt Rec Num           App Num            SSN      Program Type

02 Agency Code
03 Date Employed
04 Employer Number
05 Employer Name
   Employer Address
   Employer City
   Employer St/ZIP
06 Employer Contact
07 Contact Phone
08 Concurrent Employment
09 Job Code
   Job Title
10 Hours Per Week
11 Hourly Wage
12 Hourly Wage Subsidy
13 Sector Type
14 Fringe Benefits
15 Non-Trad Trng for Women
16 Placement Staff ID
```

Chapter

6

Termination Form (WtW EWTF)

The Enter Termination form (EWTF) is used to transfer participants from one grant code to another, transfer a participant's eligibility from 30 percent to 70 percent within the same grant code, or to the terminate services of clients who have left the program and are not expected to return.

Participants who are terminated cannot be served unless they are re-enrolled into the appropriate Grant and Program Type. Refer to the Enrollment Section of this Handbook for specific instructions on the Enrollment process. Terminations are done at the case level.

EDD Employment Development Department
State of California

Welfare-To-Work
TERMINATION OF ACTIVE ENROLLMENT

01 Case Number
Application Number
Social Security Number

(TO BE SUBMITTED UPON TERMINATION OF ACTIVE ENROLLMENT)

Last Name	First Name	Middle

Program Type	Grant Code	02 Agency Code	03 Increased Wages
			1 Yes 2 No

04 Termination Code	Termination Codes		
	01 Unsubsidized Employment 02 Subsidized Employment 03 In Another Work Activity 04 In Other Training	10 Health 11 Cannot Locate 12 Death 13 Institutionalized 14 Other 15 Transfer from Grant 800 to Grant 801 16 Transfer Eligibility from 30%-70% within Same Grant	

05 Termination Date	06 Termination Staff ID	Termination Staff Signature	Date

Remarks

WTW EWTF

Line Item Instructions

The following are line item instructions for the Termination form (EWTF). These instructions are intended to assist you with completion of this form and the entry of the data into the JTA system.

	For detailed instructions that pertain to the JTA system throughout this handbook, please refer to the instructions marked with this icon.

01 Case Number	**Required.** Enter the WtW Case number for the client. This is the preprinted number on the enrollment form. Compare the number entered here with the number entered on the enrollment form to validate that the correct enrollment is used.
	This must be an existing WtW case number. The client must be enrolled in the WtW program. If the case record information is not found, the following error message will be displayed:
	"No record found."
	After a valid case number has been entered, the client's name, application number, social security number, program type, and grant code will be displayed.
Application Number	**Required.** Enter the application number as it appears on the Application/Registration form.
Social Security Number	**Required.** Enter the client's social security number (SSN). Compare the SSN entered here to the SSN shown on the registration form to verify its accuracy.
Last Name, First Name, Middle	**Required.** Enter the client's name, last name first, and compare it with the registration form to verify its accuracy.
Program Type	**Required.** Enter the program type in which the client was enrolled from the WtW Enrollment form.
Grant Code	**Required.** Enter the grant code in which the client was enrolled from the WtW Enrollment form.

02 *Agency Code (Optional)*	Enter the agency code for the WtW agency that provided the last activity in which the client participated. Refer to the MIS assigned agency number list for accurate identification numbers. Use the **<F1>** key to display a choice list of valid codes.
03 *Increased Wages*	**Required.** Enter the appropriate number. **1 Yes -** The client is being terminated from the WtW program with an increase in wages. **2 No**
04 *Termination Code*	Record the termination code that indicates the reason for termination from the WtW program. **01 Unsubsidized Employment -** This termination code includes clients who entered full-time or part-time unsubsidized employment (i.e., not financed by funds provided by TANF) including entry into the Armed Forces, entry into employment in a registered apprenticeship program, and self-employment. It also includes entry into the Peace Corps, VISTA, and other national service programs funded by the Federal Corporation for National and Community Service under the National and Community Service Trust Act of 1993. **02 Subsidized Employment -** This termination code includes clients who entered full-time or part-time subsidized employment (i.e., financed by funds provided by TANF or other agencies). **03 In Another Work Activity -** The termination code includes clients who are engaged in a work activity such as a California Work Opportunity and Responsibility to Kids (CALWORKS) program work activity which is not unsubsidized or subsidized employment. **04 In Other Training -** This termination code includes clients who are terminated from the WtW program to participate in another training program, such as Workforce Investment Act (WIA). **10 Health -** This termination code includes clients who are receiving medical treatment that precludes entry into employment or continued participation in the WtW program. **11 Cannot Locate -** This termination code includes clients who cannot be located after utilizing the address,

	phone number, and additional contact information provided by the client.
	12 Death - This termination code includes clients who are deceased.
	13 Institutionalized - This termination code includes clients who are residing in an institution or facility providing 24-hour support such as a hospital or prison.
	14 Other - This term code includes clients who separated from the program for reasons other than those above and those not expected to return. Terminated clients cannot be served unless they are re-enrolled.
	15 Transfer from Grant 800 to Grant 801 - This term code is to be used only by 85 percent Formula Grantees (LWIA) that have fully expended their first year allocation (grant 800) and who intend to provide further program goods/services to the same WtW participant using grant 801 funds. Grant 800 participants that are termed 15 should be re-enrolled into grant 801 under the appropriate program type.
	This process will avoid a duplicate count of the participants served.
	16 Transfer Eligibility from 30 Percent to 70 Percent within Same Grant-Term code 16 should be used to change the eligibility basis/program type of participants from 30 percent to 70 percent criteria within the same grant code.
	Use the **<F1>** key to display a choice list of valid codes.
05 Termination Date	**Required.** Enter the date (MMDDYYYY) when the client is terminated from the WtW program. The termination date must be on or after the date of the last activity received prior to the client terminating from the program.
06 Termination Staff ID	**Required.** Enter the assigned staff identification number of the staff responsible for the completion of the form.
	Use the **<F1>** key to display a choice list of valid codes.
Date	The staff person completing this form should sign and date here.
Remarks	Provide any additional details essential to this case record.

In the JTA system, after all required fields have been entered, the record may be filed by using the **<File>** key. At this point, the WtW Termination form will be updated with the entry operator's user ID. If this is a new record, the entry date will be recorded on the client's case record. If the record exists and the information was updated (not a new record) on the system, the modification date will be updated. The modification date will be updated each time the record is modified.

Function Keys

All function keys will operate in the normal mode.

EWTF-Enter WtW Termination Screen

```
EWTF                          Enter WtW Termination Form                    ADD

01  Case Num                  Name
    App Num                   SSN              Program Type      Grnt Cd
02  Agency Code
03  Increased Wages
04  Termination Code
05  Termination Date      /    /
06  Termination Staff ID
```

Chapter

7

Follow-Up Form (WtW EWFF)

The Enter WtW Follow-up Information form (EWFF) is used to record the follow-up of a placement. Use of this form is <u>optional</u>.

Follow-up information is used to verify the employment status of clients placed in unsubsidized employment. Placements may be re-evaluated 30, 60, 91, and 180 days after the client enters employment. This function may be performed to determine the quality of the placement and/or the service providers' overall program.

The EWFF may be used to record follow-up information that pertains to multiple placements of the same client or to record information obtained on the same placement at the various follow-up intervals.

EDD Employment
Development
Department
State of California

	Application Number	
	Social Security Number	
Welfare-to-Work	**01 Case Number**	
FOLLOW-UP FORM	**02 Employment Record Number**	

Last Name	First Name	Middle

Enrollment Grant Code	Enrollment Code	Enrollment Date

03 Follow-up Type	Follow-up Date	04 Agency Code	05 Interview Date
1 30 Day 2 60 Day 3 13 Week (91 Days) 4 6 Month (180 Days)	| |		| |

06 Follow-up Result

1	Complete: All Questions	6	Respondent Refused Interview
2	Complete Interview: Missing Data	7	Language Problem Prevented Interview
3	Respondent Never Located	8	Unable Due to Illness/Disability
4	Located but Never Available	9	Case Ineligible
5	Informant Refused for Respondent	10	Died / Incapable After Termination

07 Labor Force Status	08 Follow-up Staff ID	09 Employed at All	10 Weeks Employed
1 Employed Full-Time 4 Not in Labor Force 2 Employed Part-Time 5 Status Unknown 3 Unemployed		1 2	

11 With Same Employer	12 Actual Hours Worked	13 Wage Increase	14 Wage Increase Amt.
1 Yes 2 No		1 Yes 2 No	

15 Date Employed	16 Employer Number	17 Employer Name
| |		

Employer Address	Employer City, State, ZIP

18 Contact	19 Phone

20 Job Code	21 Hours Per Week	22 Hourly Wage

WTW EWFF

Line Item Instructions

The following are line item instructions for the Follow-Up form (EWFF). These instructions are intended to assist you with completion of this form and the entry of the data into the JTA system.

	For detailed instructions that pertain to the JTA system throughout this handbook, please refer to the instructions marked with this icon.

Application Number	**Required.** Enter the application number as it appears on the Application/Registration form.
Social Security Number	**Required.** Enter the client's social security number (SSN). Compare the SSN entered here to the SSN on the registration form to verify its accuracy.
01 Case Number	**Required.** Enter the number found on the enrollment form. This must be an existing WtW case number with at least one employment record form on file. If the case is not found, the following error message will be displayed: **"No record found."** After a valid case number has been entered, the client's name, application number, social security number, and program type will be displayed.
02 Employment Record Number	**Required.** Enter the number (or auto-generate)for which this follow-up is being conducted. This is a sequentially generated number that is created when the WtW Employment Record form (EWFF) is entered. If the employment record number is not known, use the **<F1>** key to display a list of employment record numbers associated with the listed case.
Last Name, First Name, Middle	**Required.** The JTA system will display the client's name, last name first, and compare it with the registration form to verify its accuracy.
Enrollment Grant Code	**Required.** The JTA system will display the grant code in which the client was enrolled from the WtW Enrollment form.
Enrollment Code	**Required.** The JTA system will display the enrollment code for the case from the WtW Enrollment form.

Enrollment Date	**Required.** The JTA system will display the date the client was enrolled in the WtW program.
03 Follow-up Type	**Required.** Enter the appropriate number to indicate the type of follow-up: **1 30 Day** **2 60 Day** **3 13 Week (91 Days)** **4 6 Month (180 Days)** Use the **<F1>** key to display a list of valid codes.
Follow-up Date	Generated by the JTA system based on the follow-up type and the employment date. This is based on the clients
04 Agency Code	Enter the code for the agency that provided primary assistance to the client in attaining employment. Use the **<F1>** key to display a list of valid codes.
05 Interview Date	**Required.** Enter the date (MMDDYYYY) of the follow-up interview. This must be greater or equal to the follow-up date.
06 Follow-up Result	**Required.** Enter the appropriate number which most closely describes the result of the follow-up: **1 Complete: All Questions** **2 Complete Interview: Missing Data** **3 Respondent Never Located** **4 Located but Never Available** **5 Informant Refused for Respondent** **6 Respondent Refused Interview** **7 Language Problem Prevented Interview** **8 Unable Due to Illness/Disability** **9 Case Ineligible** **10 Died/Incapable After Termination** Use the **<F1>** key to display a list of valid codes.

07 Labor Force Status	**Required.** Enter the appropriate number, which describes the situation of the client at follow-up.
	1 Employed Full-Time
	2 Employed Part-Time
	3 Unemployed
	4 Not in Labor Force
	5 Status Unknown
	Use the **<F1>** key to display a list of valid codes.
08 Follow-up Staff ID	Enter the assigned staff ID number of the person responsible for completion of this form.
	Use the **<F1>** key to display a list of valid codes.
09 Employed at All	**Required.** Enter the appropriate answer.
	1 Yes-The client is employed either full or part-time.
	2 No
10 Weeks Employed	**Required if labor force = 1 or 2.** Enter the number of weeks the client has been employed during the follow-up period.
11 With Same Employer	**Required if labor force = 1 or 2.** Enter the appropriate answer.
	1 Yes-The client is employed with the same employer at time of termination.
	2 No
12 Actual Hours Worked	**Required if labor force = 1 or 2.** Enter the actual number of total hours the client worked for the employer during the follow-up period including overtime.
13 Wage Increase	**Required.** Enter the appropriate answer.
	1 Yes-The client's wages show an increase at the time of follow-up as compared to the employment date.
	2 No
14 Wage Increase Amt.	**Required.** If the client was employed at the time of follow-up and the client's wages increased from the start date of the job until the point when the follow-up was conducted, enter the amount of the wage increase here. If the wages did not increase, enter a zero.
15 Date Employed	**Required.** Enter the date (MMDDYYYY) the client began work.

16 Employer Number	**Required.** Enter the employer number. This information may be taken from the WtW Employment Record form (EWER) if the employer has not changed.
	If the employer number is not known, move the cursor to the Employer Name field.
17 Employer Name	**Required.** Enter the business name of the employer for whom the client is working. This information may be taken from the WtW Employment Record form (EWER) if the employer has not changed.
	If the employer number was entered, the employer name will be displayed here.
	If the employer number was left blank, you may enter the first few letters of the employer name and press the **<F1>** key. This will display a choice list of employer names. Use the up and down arrow keys to select the correct employer. If the employer is not listed, select the option "Enter New Employer" to bring up the "Enter Employer Data (EEMP)" entry screen.
	Once a valid employer name and/or number has been entered, the employer's address, city, state, and ZIP code will be displayed.
Employer Address	**Required.** The JTA system will display this field. Check for accuracy.
Employer City, State, ZIP	**Required.** The JTA system will display this field. Check for accuracy.
18 Contact	**Required.** Enter the full name of the contact person to verify or discuss the employment. If the personnel office is given, provide the name of the person authorized to hire the client. This information may be used for any of the follow-ups and may be taken from the WTW Employment Record form (EWER) if the employer has not changed.
19 Phone	**Required.** Enter the telephone number, including the area code, of the employer's contact person.
20 Job Code	**Required.** Enter the corresponding job code that best describes the client's job from whichever source has been selected by your local area: Dictionary of Occupational Titles (DOT), Occupational Employment Survey (OES), Occupational Information Network (O*NET, O*NET3) . Local Workforce Investment Area (LWIA) predetermines

	the type of code that can be entered. If you do not know which type of code is used for your LWIA, contact your JTA system administrator. This entry is required. It is not necessary to enter dots or dashes in this field. Once a valid job code has been entered, the job code description will be displayed.
21 Hours Per Week	**Required.** Enter the number of hours per week the client is working.
22 Hourly Wage	**Required.** Enter the hourly wage the client is currently receiving.

After all fields have been entered, the record may be filed by using the **<F5> file** key. At this point, the WtW Termination form will be updated with the entry operator's user ID. If this is a new record, the entry date will be recorded on the client's case record. If this record was updated (not a new record), the record will be updated with the modification date. The modification date will be updated each time the record is modified.

Function Keys
All function keys will operate in the normal mode.

EWFF – Enter WtW Follow-up Screen

```
EWFF                       Enter WtW Follow-up Form                     ADD

01  Case Num              Name
02                        Emply Num    App Num    SSN    Program Type

03  Follow-up Type                    Required at 13th Week Follow-up
    Follow-up Date                    09    Employed at All
04  Agency Code                       10    Weeks Employed
05  Interview Date                    11    With Employer
06  Follow-up Result                  12    Actual Hours Worked
07  Labor Force Stat                  13    Wage Increase
08  Follow-up Staff ID                14    Wage Increase Amt

Most Recent Employer/Employer at Follow-up

15    Date Emp                        21    Hours per Week
16    Emp Num                         22    Hourly Wage
17    Emp Name
      Address
      ZIP
18    Contact
19    Phone
20    Job Code
```

Chapter

8

Enter Welfare-to-Work Grant Control Data (EWGC)

This chapter provides instructions for entering the WtW grant control data in the JTA system.

The Workforce Investment Division (WID) designated specific grant codes for the WtW program. Because the required information for these grant codes is different from the information for JTPA or WIA grant codes, a new entry screen has been developed. When a new grant is received by a local area, the grant code must exist on this screen before specific grant information can be entered on the Enter Grant Control Data (EGC) screen.

Line Item Instructions

The following are line item instructions for the WtW grant code entry screen.

Grant Code	Enter the grant code that has been assigned. If this is an existing grant code, the information on the entry screen will be displayed.
Short Grant Name	Enter a short description of the grant code. Ten characters are allowed in this field. This entry is required.
Long Grant Name	Enter a more detailed description of the grant code. Twenty-five characters are allowed in this field. This entry is required.
Edit Status	Enter **Y** or **N**. The edit status indicates whether this grant code is currently available for use. This entry is typically **Y**.

After all fields have been entered, the record may be filed by using the **<File>** key.

WtW program type must be linked to grant code. Failure to correctly link these elements will prevent the JTA user from entering an enrollment successfully on the EWEF screen. A pgm_grnt_link table is created for this purpose.

The ISQL forms should be used to access the pgm_grnt_link table to add new records to this table as needed. The information below may be used to correctly link up program type to grant code.

The Program Types are **1** to **7** as illustrated below.

Program Type:	1 70% Formula Program 2 30% Formula Program 3 70% State Competitive Grant 4 30% State Competitive Grant 5 70% Federal Competitive Grant 6 30% Federal Competitive Grant 7 State Match

Grant Codes:	**WID-Defined Grant Codes**
	
	   800 – 804 (85% State Formula Program)
	
	   805 – 815 (15% State Competitive Program)
	
	LWIA-Defined Grant Codes
	
	   900s (WtW Federal Competitive and State Match Programs)

Table Name:
Column Names:
	pgm_grnt_link table
	
	   pgm_type 1
	   wtw_grnt_cd 800
	   opr_id cdaguest
	   entry_dt 10/15/1998

Function Keys

All function keys will operate in the normal mode.

EWGC-Enter WtW Grant Code Screen

```
EWGC        Enter WtW Grant Code


            Grant Code
            Short Grant Name
            Long Grant Name
            Program Type
            Edit Status
```

Once the WtW grant is loaded to the EWGC, you must also enter the grant control information on the Enter Grant Control Data (EGC) screen. Please reference your MIS Guide for detailed instructions regarding the EGC screen.

EGC-Enter Grant Control Data

```
EGC            Enter Grant Control Data

01 Grant Code
02 Program Year
03 Subgrant Contract Num
04 Report Begin Date            / /      /
05 Report End Date              / /      /
06 Report Close-out Date        / /
07 Subgrant Beginning Date      / /
08 Subgrant Ending Date
09 YOA
```

Chapter

9

Load Welfare-to-Work Data from Local System

This chapter provides instructions on how to use the load programs in the WtW module.

The programs discussed in this chapter may be used to load data from a local case management system into the JTA system WtW module. Many users of the system have a case management system to track information that may be more detailed than the information stored in the JTA system. Also, much of the required information in the JTA WtW module might be stored in a local Temporary Assistance for Needy Families (TANF) database. To avoid duplicate entry of data, programs in this module have been developed that allow the data to be loaded into the JTA WtW module.

Use of this program is optional. If data is being entered directly into the JTA WtW system, these programs will not be necessary.

There are five file layouts, one for each of the required client tracking forms:

- LWRF Load WtW Registration Form
- LWEF Load WtW Enrollment Form
- LMAF Load WtW Monthly Activity Form Data
- LWER Load WtW Employment Record
- LWTF Load WtW Termination Form

There is no load program for the WtW Follow-Up Form.

General Instructions for Load Programs

These programs are used to load data that would normally be entered using the entry screens in the JTA WtW module. These programs allow Local Workforce Investment Area (LWIA) staff to download data from local case management systems and then upload the data to the JTA system.

Each load program requires that uploaded data be copied to the bridge directory in the SDA runtime directory. These files must adhere to the following naming conventions:

WtW Registration form	**LWRF_YYYYMM_nn.xtr**
WtW Enrollment form	**LWEF_YYYYMM_nn.xtr**
WtW Monthly Activity form	**LMAF_YYYYMM_nn.xtr**
WtW Employment Record form	**LWER_YYYYMM_nn.xtr**
WtW Termination form	**LWTF_YYYYMM_nn.xtr**

The first four characters of the file name indicate the form to be loaded to the JTA system. "YYYYMM" indicates the month and year for which the data is being loaded. For example, if the data is loaded for December 1998, YYYYMM would be "199812." "nn" is a sequential number that distinguishes between multiple files for a given month. Using the December example, the first registration file would be named "LWRF_199812_01.xtr," the second file for the month would be named "LWRF_199812_02.xtr," and so on.

At the end of each record in these files will be a field called "fld_upd". This field indicates whether this is a new record or an existing record that has been updated on the local system. The load programs will allow an existing record to be updated only if there is a "**Y**" in "fld_upd." This field will be followed by a vertical bar (|) delimiter. All fields have vertical bar (|) delimiters. Examples of the file formats are also provided at the end of this chapter.

Edits are conducted on each of the files as they are being loaded. If a record does not pass the initial edits, the record is rejected and the error information is written to an error report. This record must be fixed before the data can be loaded.

If a record exists in the JTA WtW database, the program will check the "fld_upd" field at the end of each record. If the field is "**Y**," the record will be updated as long as all of the required edit checks are passed. If the edits are not passed, the record will be rejected and the error information will be written to the error report.

All records that have been rejected will be written to an error file. The name of this file will be similar to the input files created above, but with a different extension. These files will be named with the extension ".err" instead of ".xtr." The status report will contain the number of records loaded and the number of errors encountered during the load. Upon completion, the program will mail the status report to the Management Information Systems (MIS) Operator and rename the input file with the extension ".sav." The error report may be viewed using the program Report Input/Output Handler (RIOH).

The file formats may be found at the end of this chapter. Each client record will consist of a wtw_app and clnt records. The wtw_app and clnt records will have an additional field at the end called "fld_upd". This field indicates whether this is a new record or an update to an existing record.

There is no load program for the Follow_up Form (EWTF) this program is available as a local option only and the information captured is not required for collection at the state level.

File Layout Examples

WtW Registration Form Data File Layout-Sample File Format

99999|9999|999-99-99999|000000|25|1||0000000|000-00-0000|00/00/0000|1234 ANY S
TREET|ANY CITY|CA|99999|9999|999-999-9999|1234 ANY STREET|ANY CITY|CA|05
|00000000000|60|1|3|2|088.0|088.0|04|1|2|2|2|2|2|2|2|2|2|2|3|4|AB|2|000000000|00/00/0
000|0.00|123|99999|||||Y|
000-00-0000|LAST NAME|FIRST NAME|OTH LAST NAME|OTH FIRST NAME|00/00/0
000|1|AA|BL|HI|WH|999/99/9999|||Y|
0000000|111-11-1111|||
0000000|222-22-2222|||
0000000|333-33-3333|||

0000000|000-00-0000|00/00/0000|1234 ANY STREET|ANY CITY|CA|99999|9999|999-9
99-9999|1234 ANY STREET|ANY CITY|CA|99999|9999|999-99-99999|000000|25|1||05|
00000000000|60|1|3|2|088.0|088.0|04|1|2|2|2|2|2|2|2|2|2|2|3|4|AB|2|000000000|00/00/0
000|0.00|123|99999|||||Y|
000-00-0000|LAST NAME|FIRST NAME|OTH LAST NAME|OTH FIRST NAME|00/00/0
000|1|AA|BL|HI|WH|999/99/9999|||Y|
0000000|111-11-1111|||
0000000|222-22-2222|||
0000000|333-33-3333|||

0000000|000-00-0000|00/00/0000|1234 ANY STREET|ANY CITY|CA|99999|9999|999-9
99-9999|1234 ANY STREET|ANY CITY|CA|99999|9999|999-99-99999|000000|25|1||05|
00000000000|60|1|3|2|088.0|088.0|04|1|2|2|2|2|2|2|2|2|2|2|3|4|AB|2|000000000|00/00/0
000|0.00|123|99999|||||Y|
000-00-0000|LAST NAME|FIRST NAME|OTH LAST NAME|OTH FIRST NAME|00/00/0
000|1|AA|BL|HI|WH|999/99/9999|||Y|
0000000|111-11-1111|||
0000000|222-22-2222|||
0000000|333-33-3333|||

WtW Enrollment Form Data File Layout-Sample File Format

0000000|0000000|1|00/00/0000|00/00/0000|1|2|999|1|99999|8||||Y|

0000000|0000000|1|00/00/0000|00/00/0000|1|2|999|1|99999|8||||Y|

0000000|0000000|1|00/00/0000|00/00/0000|1|2|999|1|99999|8||||Y|

0000000|0000000|1|00/00/0000|00/00/0000|1|2|999|1|99999|8||||Y|

WtW Monthly Activity Form Data File Layout-Sample File Format

0000000|19808|AGY|01|00/00/0000|00000|40.0|123.00||||Y|
0000000|19808|AGY|02|00/00/0000|00000|40.0|123.00||||Y|
0000000|19808|AGY|03|00/00/0000|00000|40.0|123.00||||Y|

0000000|19808|AGY|W10|00000|40.0|123.0||||Y|
0000000|19808|AGY|W10|00000|40.0|123.0||||Y|
0000000|19808|AGY|W10|00000|40.0|123.0||||Y|

0000000|19808|AGY|01|00/00/0000|00000|40.0|123.00||||Y|
0000000|19808|AGY|02|00/00/0000|00000|40.0|123.00||||Y|
0000000|19808|AGY|03|00/00/0000|00000|40.0|123.00||||Y|

0000000|19808|AGY|W10|00000|40.0|123.0||||Y|
0000000|19808|AGY|W10|00000|40.0|123.0||||Y|
0000000|19808|AGY|W10|00000|40.0|123.0||||Y|

0000000|19808|AGY|01|00/00/0000|00000|40.0|123.00||||Y|
0000000|19808|AGY|02|00/00/0000|00000|40.0|123.00||||Y|
0000000|19808|AGY|03|00/00/0000|00000|40.0|123.00||||Y|

0000000|19808|AGY|W10|00000|40.0|123.0||||Y|
0000000|19808|AGY|W10|00000|40.0|123.0||||Y|
0000000|19808|AGY|W10|00000|40.0|123.0||||Y|

0000000|19808|AGY|01|00/00/0000|00000|40.0|123.00||||Y|
0000000|19808|AGY|02|00/00/0000|00000|40.0|123.00||||Y|
0000000|19808|AGY|03|00/00/0000|00000|40.0|123.00||||Y|

0000000|19808|AGY|W10|00000|40.0|123.0||||Y|
0000000|19808|AGY|W10|00000|40.0|123.0||||Y|

WtW Employment Form Data File Layout-Sample File Format

NOTE: There must be an employment number if update = **Y**; if update = **N**, leave employment record number blank.

0000000|1|AGY|00/00/0000|00000|CONTACT|999-999-9999|000000000|40|6.50|1|1|1|00000||||Y|

0000000|1|AGY|00/00/0000|00000|CONTACT|999-999-9999|000000000|40|6.50|1|1|1|00000||||Y|

0000000|1|AGY|00/00/0000|00000|CONTACT|999-999-9999|000000000|40|6.50|1|1|1|00000||||Y|

0000000||AGY|00/00/0000|00000|CONTACT|999-999-9999|000000000|40|6.50|1|1|1|00000||||N|

0000000||AGY|00/00/0000|00000|CONTACT|999-999-9999|000000000|40|6.50|1|1|1|00000||||N|

WtW Termination Form Data File Layout-Sample File Format

0000000|10|00/00/0000|00000|01|00/00/0000|00000|1|99.99|99.99|99.99||||Y|

0000000|10|00/00/0000|00000|01|00/00/0000|00000|1|99.99|99.99|99.99||||Y|

0000000|10|00/00/0000|00000|01|00/00/0000|00000|1|99.99|99.99|99.99||||Y|

0000000|10|00/00/0000|00000|01|00/00/0000|00000|1|99.99|99.99|99.99||||Y|

0000000|10|00/00/0000|00000|01|00/00/0000|00000|1|99.99|99.99|99.99||||Y|

0000000|10|00/00/0000|00000|01|00/00/0000|00000|1|99.99|99.99|99.99||||Y|

Note: there is no file layout example for the Follow-Up form (EWFF) since there is no load for this program.

Chapter

10

Extract WtW Individual Participant Data

This chapter provides instructions to run the Extract WtW Individual Participant Data (XWPD) program in the JTA system and then view a summary report.

When this program is run, the system will select WtW participants who are both enrolled <u>and</u> have a first date participant served and create a transfer file for submission to the State. This report should be generated and transferred in conjunction with the Print WtW Participant Report (PWPR).

Line Item Instructions

The following are line item instructions for the WtW XWPD screen.

Enter Ending Period (MM/YYYY):	Enter the report ending date. The date may be entered as MM/DD/YY format and the system will change to MM/DD/YYYY format upon display.

After the single field has been entered, the record may be filed by using the **<F5> file** key.

This screen is unlike other entry screens in the WtW module as it's sole purpose is to create a transfer file for transmission to the state. When a report ending date is entered and the **<File>** key is used, the system gathers application and case data for all WtW participants who have a date first participant served. A report that shows a total number of records that were selected for transfer to the state is viewable in the Report Input/Output Handler (RIOH).

Function Keys

The only function keys available for this screen are the **<F2> clear, <F5> file, and <F3> exit** functions.

XWPD   Extract WtW Individual Participant Data

Enter Ending Period (MM/YYYY):   /

XWPD – Report Sample

XWPD   Extract WtW Individual Participant Data
                                        Report Totals

Userid   !!!!!!!!
Run Date: MM/DD/YYYY
Run Time: HH/MM

App recs: !!!!

Case recs: !!!!

Total recs: !!!!

File Location:/home/ed/jta/jtasa/sda/xxx/runtime/transfer/XWPD_XXX_200001_01.xtr

XWPD Extract Completed Successfully.

Chapter

11

Print Welfare-to-Work Participant Report (PWPR)

This chapter provides instructions to create, view, and print the WtW participant report (PWPR) from the JTA system.

This program is used to extract the WtW participant information from the JTA system and then create reports both for local use and/or create a transfer file for submission to the state.

The Workforce Investment Division requires that WtW grantees submit this report on a monthly basis. This report should be generated and transferred in conjunction with the Extract WtW Participant Data (XWPD) on the 20th of each month. See chapter 10 for instructions regarding creating the XWPD.

Please note that this report is designed to count data regarding <u>participants</u>. If a participant is provided the same activity several times, the report will count the activity only once. If a participant has several employment records, the report counts only one and will count the most positive outcome. For example, if a participant is employed at program entry (sector type 2 or 4) and obtains another job after enrollment (sector type 3) only the sector type 3 job will be counted for purposes of this report. Sector type 1 (fully subsidized employment) is not counted on this report.

Line Item Instructions

The following are line item instructions for the WtW Participant Report option screen.

Retrieve Existing Report, Enter (Y)es or (N)o	**Required.** Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Enter Report Period Beginning Date	**Required.** Enter the report beginning date. The date may be entered as MM/DD/YY format and the system will change to MM/DD/YYYY format upon display.
Enter Report Period Ending Date	**Required.** Enter the report ending date. The date may be entered as MM/DD/YY format and the system will change to MM/DD/YYYY format upon display.
Enter Agency Code	**Required.** Enter the agency code(s) for this report. Conditional operators can be used for a range or group of agencies. **When creating a transfer file for state reporting, the conditional operator % must be used so that all agency codes are selected.**

Enter Grant Code	**Required.** Enter the grant code(s) for this report. Conditional operators can be used if a range or a group of grant codes is selected. **When creating a transfer file for state reporting, the conditional operator % must be used so that all grant codes are selected.**
Grant (S)ummary or (I)ndividual Report	**Required.** Enter **S** if a summary level report is needed from the system. If you selected a group or a range of grant codes, the system will generate one report for a total number of participants of all grant codes selected from the system. The use of this option **will not** allow the user to create a transfer file to submit to WID. Enter **I** if individual reports are needed for each grant code selected from the system. **When creating a transfer file for state reporting, "I" must be selected.** Default is set to **I**.
Create Transfer File (Y/N)	**Required.** Enter **Y** if a transfer file is to be created in order to transmit the report to WID on a monthly basis. Default is set to **N**. The system will create a temporary file named PWPR_YYYY_MM_99.tmp in the transfer directory if the user enters **Y** in the Create Transfer File option. The report can be viewed using the Report Input/Output Handler (RIOH) screen. Once the report is viewed and the user presses the **<F3>** key to exit from the RIOH screen, the user will be prompted with "Transfer File Now?" message. If the user enters **Y**, the file will be renamed to PWPR_YYYY_MM_99.xtr. If the user enters **N,** the user will be prompted with "Temporary transfer file created" message.
Instructions to Transfer Temporary File	The user has an option to transfer the temporary file after the report is viewed for accuracy. The file can be retrieved by selecting the PWPR option screen to select the Retrieve Existing Report, Enter (Y)es or (N)o entry. Enter **Y** and the RIOH screen will appear to retrieve the temporary file. Select the appropriate file and view the report. If the file is correct, exit from view mode by pressing the **<F3>** key. The system will again prompt the user with "Transfer File Now?" message. Enter **Y** and the system will rename the file to PWPR_YYYY_MM_99.xtr. If the user selected the Summary Report option, the system will not allow the user to create a transfer file. The system will prompt the user with error message "Cannot Transfer Summary Reports."

After all fields have been entered, the record may be filed by using the **<File>** key.

Once the report is created and named, you will have an opportunity to add comments to your report. The **message "Prompt for cmnt, individual development accts, and/or xpd data? (Y/N)**' will appear. The default is set to **N**. If you want to enter comments that will appear on your report, enter **Y**.

A message "**Include zero reports? (Y/N)?** will appear. The default is set to **N**. If you want the report to include grants that have no participants, enter **Y**.

After responding to these two prompts, a screen will appear that allows entry of expenditures and/or comments. When you have finished with this screen, press the **TAB** key to complete the report building process. You will be taken to the Report Input/Output Handler (RIOH) and may then view or print your report.

Function Keys

All function keys will operate in the normal mode.

PWPR-Print WtW Participant Reporting Screen

```
PWPR     Print WtW Participant Report

         Retrieve Existing Report, Enter (Y)es or (N)o        N
         Enter Report Beginning Date                          MM/DD/YYYY
         Enter Report Ending Date                             MM/DD/YYYY
         Enter Agency Code                                    _____
         Enter Grant Code                                     _____
         (S)ummary or (I)ndividual Report                     I
         Create Transfer File (Y/N)                           N
```

PWPR-Report Layout

```
                    WELFARE TO WORK PARTICIPANT REPORT
===================================================================
Subgrantee Name and Address:      Subgrantee Code:
                                  Grant Code:
                                  Report Range:  MM/DD/YYYY to MM/DD/YYYY
                                  Agency:


===================================================================
I.   SUBGRANT INFORMATION
     A. Report Revision Number                                    99
     B. Subgrant/Contract Number                               !!!!!!!
     C. Subgrant Term              From            MM/DD/YYYY
                                   To              MM/DD/YYYY
===================================================================
```

```
II.  PARTICIPANT SUMMARY                            CUMULATIVE TOTALS

     A.  Total Participants Enrolled                          999,999
     B.  Total Participants Served                            999,999
         1.  General Eligibility/Noncustodial Parents Category (70%)   999,999
             a.  Long-Term TANF Recipients/TANF Exhaustees    999,999
             b.  Noncustodial Parents                         999,999
         2.  Other Eligibles Category (30%)                   999,999
             a.  TANF Recipients w/Characteristics Long-Term Welfare   999,999
             b.  Former Foster Care participants              999,999
             c.  Custodial Parent w/Income Below 100% Poverty 999,999
     C.  Total Participants Terminated                        999,999
         1.  Required Beneficiaries (70%)                      999,999
         2.  Other Eligibles (30% )                            999,999
     D.  Placed in Unsubsidized Employment                    999,999
         1.  Greater than or equal to 30 hours per week        999,999
         2.Less than 30 hours per week                         999,999
     E.  Employed in Unsubsidized Employment When Entering WtW 999,999
         1.Greater than or equal to 30 hours per week          999,999
         2.Less than 30 hours per week                         999,999
     F.  Placed in Subsidized Employment                      999,999
         1.Greater than or equal to 30 hours per week          999,999
         2.Less than 30 hours per week                         999,999
     G.  Transfers                                            999,999
         1. Transfer from Grant 800 to Grant 801              999,999
         2. Transfer Eligibility from 30% to 70% within the Same Grant  999,999


==================================================================

     III.   ACTIVITIES SUMMARY

     A.  Total Activities
         1.   Community Service                                999,999
         2.   Work Experience                                  999,999
         3.   Public Sector Employment Wage Subsidy            999,999
         4.   Private Sector Employment Wage Subsidy           999,999
         5.   On-the-Job Training                              999,999
         6.   Job Readiness Service                            999,999
         7.   Job Placement Services                           999,999
         8.   Post-Employment Services                         999,999
         9.   (No Longer in Use)                               999,999
         10.  Support Services                                 999,999
         11.  Other Employment Activities                      999,999
         12.  (No Longer in Use)                               999,999
         13.  In-depth Assessment, Individualized Service, Case Mgmt.   999,999
         14.  Pre-Employment Job Training/Vocation Education   999,999
```

IV.   PARTICIPANT CHARACTERISTICS SUMMARY (Participants from 7/1/2000)

    A. Gender
      1. Male   999,999
      2. Female   999,999
    B. Age
      1. 14 – 17   999,999
      2. 18 – 35   999,999
      3. 36 – 50   999,999
      4. 36 – 50   999,999
      5. 65 and Older   999,999
    C. Race and Ethnicity (Aggregate Count)   999,999
      1. American Indian or Alaska Native   999,999
      2. Asian   999,999
      3. Hispanic or Latino   999,999
      4. Native Hawaiian or Other Pacific Islander   999,999
      5. White   999,999
    D. Participants with Disabilities   999,999

V.   Total Accrued Expenditures   999,999
VI.   Individual Development Accounts   999,999
VII. Comments:

| Name | Title | Phone No. 999-999-9999 | Signature |
| Contact Person | Title | Phone No. 999-999-9999 | Date Submitted MM/DD/YYYY |

Chapter

12

Print Welfare-to-Work Registration Listing

This chapter provides instructions to retrieve, view, and print the WtW registration listing (PWRL) from the JTA system.

This report will create a list of individuals for whom a registration is completed in the system for the specified time period entered by the user.

Line Item Instructions

The following are line item instructions for the WtW Registration Listing option screen.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Enter Report Beginning Date	Enter the report beginning date. The date may be entered as MM/DD/YY format and the system will change to MM/DD/YYYY format upon display.
Enter Report Ending Date	Enter the report ending date. The date may be entered as MM/DD/YY format and the system will change to MM/DD/YYYY format upon display.
Eligibility Code	Enter the eligibility code for this report. This is an optional field. If this field is null, the program will retrieve registration information for all eligibility codes. Conditional operators are operational.

After all fields have been entered, the record may be filed by using the **<F5> file** key.

Function Keys

All function keys will operate in the normal mode.

PWRL-Print WtW Registration Listing Option Screen

PWRL	Print WtW Registration Listing	
	Retrieve Existing Report, Enter (Y)es or (N)o	N
	Enter Report Beginning Date	MM/DD/YYYY
	Enter Report Ending Date	MM/DD/YYYY
	Eligibility Code	!

PWRL-Report Layout

```
0123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789
000 | PWRL                        LWIB NAME HEADING                                      run date
001 | opr id                                                          run time
002 |             WELFARE TO WORK REGISTRATION LISTING
003 |             FOR MM/DD/YYYY TO MM/DD/YYYY
004 |
005 |                                                        TANF    30 MTHS 10%
006 | SEQ  REGISTRANT NAME         APP NUM    SSN     BIRTH DATE  AGE  APP DATE   CASE NUM  TANF   WIN   ELIG  CLIENT PHONE
007 | === ==================================== ======= =========== ====== ========== ========= === ========= ========== ========== ==== === ==== ==== ===========
008 | 999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  9999999 999-99-9999 MM/DD/YYYY 99  MM/DD/YYYY !!!!!!!!!!!     !!!     !!!     !!   999-999-9999
009 | 999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  9999999 999-99-9999 MM/DD/YYYY 99  MM/DD/YYYY !!!!!!!!!!!     !!!     !!!     !!   999-999-9999
010 | 999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  9999999 999-99-9999 MM/DD/YYYY 99  MM/DD/YYYY !!!!!!!!!!!     !!!     !!!     !!   999-999-9999
011 | 999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  9999999 999-99-9999 MM/DD/YYYY 99  MM/DD/YYYY !!!!!!!!!!!     !!!     !!!     !!   999-999-9999
012 | 999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  9999999 999-99-9999 MM/DD/YYYY 99  MM/DD/YYYY !!!!!!!!!!!     !!!     !!!     !!    999-999-9999
013 | 999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  9999999 999-99-9999 MM/DD/YYYY 99  MM/DD/YYYY !!!!!!!!!!!     !!!     !!!     !!   999-999-9999
014 |
015 |
016 |             TOTAL REGISTRANTS = 999
017 |
018 |             PAGE: 99
-----------------------------------------------------------------------------------------------------------------------------
```

Chapter

13

Print Welfare-to-Work Client Action Report

This chapter provides instructions to retrieve, view, and print the WtW Client Action Report (PWAR) from the JTA system.

This program is used to extract the WtW client information from the JTA system when an action is needed.

The system will select WtW clients from the system for the time period specified by the user.

Line Item Instructions

The following are line item instructions for the WtW Client Action Report option screen.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Enter Y to Report	Enter **Y** to select the different client action reports. Default is set to **N**. The items to be selected are as follows: • Application Incomplete • 30-Day Follow-up Due • Estimate Completion Will Be Reached • 60-Day Follow-up Due • Termination Due • 13-Week Follow-up Due • Monthly Activity Due • 180-Day Follow-up Due
Enter Report Ending Date	Enter the report ending date. The date may be entered as MM/DD/YY format and the system will change to MM/DD/YYYY format upon display.
Grant Code	Enter the eligibility code for this report. This is an optional field. If this field is null, the program will retrieve registration information for all eligibility codes. Use the **<F1>** key to see a valid list of grant codes.

After all fields have been entered, the record may be filed by using the **<F5>** file key.

Function Keys

All function keys will operate in the normal mode.

PWAR-Print WtW Client Action Report Option Screen

```
PWAR                    Print WtW Client Action Report

     Retrieve Existing Report, Enter (Y)es or (N)o        N
     Enter "Y" to Report
          Application Incomplete                          N
          Estimate Completion Will be Reached             N
          Termination Due                                 N
          Monthly Activity Due                            N
          30 Day Follow-up Due                            N
          60 Day Follow-up Due                            N
          13 Week Follow-up Due                           N
          180 Day Follow-up Due                           N

     Enter Report Ending Date                             MM/DD/YYYY
     Grant Code                                           !
```

PWAR-Report Layout

```
000001234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
000 |PWAR                          LWIB NAME HEADING                    run date
001 |opr id                                                  run time
002 |                     WELFARE TO WORK CLIENT ACTION REPORT
003 |                        FOR MM/DD/YYYY TO MM/DD/YYYY
004 |
005 |GRANT: !!! !!!!!!!!!!!!!!!!!!!!!!!!!
006                                                          ACTION
007 |SEQ CLIENT NAME              APP NUM  CASE NUM  ENRL DATE  EVENT STATUS        DUE DATE
008 |=== ============================================ ======= ======== ========== =============================
009 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999  MM/DD/YYYY !!!!!!!!!!!!!!!!!!!!!!!!!!! MM/DD/YYYY
010 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999  MM/DD/YYYY !!!!!!!!!!!!!!!!!!!!!!!!!!! MM/DD/YYYY
011 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999  MM/DD/YYYY !!!!!!!!!!!!!!!!!!!!!!!!!!! MM/DD/YYYY
012 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999  MM/DD/YYYY !!!!!!!!!!!!!!!!!!!!!!!!!!! MM/DD/YYYY
013 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999  MM/DD/YYYY !!!!!!!!!!!!!!!!!!!!!!!!!!! MM/DD/YYYY
014 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999  MM/DD/YYYY !!!!!!!!!!!!!!!!!!!!!!!!!!! MM/DD/YYYY
015 |
016 |
029 |
```

Chapter

14

Print Welfare-to-Work Status Roster

This chapter provides instructions to retrieve, view, and print the WtW Status Roster (PWSR) from the JTA system.

This program is used to extract the WtW client information from the JTA system. This report will show all clients who are enrolled <u>and</u> who have activity records with a first date participant served recorded. If an individual has a registration and enrollment but no activities, s/he will not be displayed on this report.

Line Item Instructions

The following are line item instructions for the WtW Status Roster option screen.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Enter Report Beginning Date	Enter the report beginning date. The date may be entered as MM/DD/YY format and the system will change to MM/DD/YYYY format upon display.
Enter Report Ending Date	Enter the report ending date. The date may be entered as MM/DD/YY format and the system will change to MM/DD/YYYY format upon display.
Include Detail for All Placements	Enter **Y** if you want to include all employment records for the client. Enter **N** if you want to list the last employment for the client.
Agency Code	Enter the agency code. If the agency code is not known, use the **<F1>** key to display a choice list of valid agency codes. Conditional operators can be used to retrieve multiple agencies. Leave this field blank if all agencies are needed on this report.
Grant Code	Enter the grant code. If the grant code is not known, use the **<F1>** key to display a choice list of valid grant codes. Conditional operators can be used to retrieve multiple grant codes. Leave this field blank if all grant codes are needed on this report.

Activity Code	Enter the activity code. If the activity code is not known, use the **<F1>** key to display a choice list of valid activity codes. Conditional operators can be used to retrieve multiple activity codes. Leave this field blank if all activity codes are needed on this report.
Option Code	Enter the option code. If the option code is not known, use the **<F1>** key to display a choice list of valid option codes. Conditional operators can be used to retrieve multiple option codes. Leave this field blank if all activity codes are needed on this report.
Report Break Item(s)	This field is required. The report break items are: ACTIVITY; or AGENCY; or OPTION; or AGENCY/ACTIVITY; or AGENCY/OPTION.

After all fields have been entered, the record may be filed by using the **<File>** key.

Function Keys

All function keys will operate in the normal mode.

PWSR-Print WtW Status Roster Screen

```
PWSR                    Print WtW Status Roster

    Retrieve Existing Report, Enter (Y)es or (N)o        N

    Enter Report Beginning Date                          MM/DD/YYYY
    Enter Report Ending Date                             MM/DD/YYYY

    Include detail for all placements                    N

    Agency Code                                          _____
    Grant Code                                           _____
    Activity Code                                        _____
    Option Code                                          _____

    Report Break Item(s)                                 _____
```

PWSR-Report Layout

```
01234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
000 |PWSR                            LWIB NAME HEADING                                    run date
001 |opr id                                                                              run time
002 |                         WELFARE TO WORK STATUS ROSTER
003 |                         FOR MM/DD/YYYY TO MM/DD/YYYY
004 |                         GRANT CODE: !!! !!!!!!!!!!!!!!!!!!!!!!
005 |
006 |!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
007 |                         APP     CASE                PGM ENRL            TERM    DATE      HRLY  HRS/  SECTOR
008 |SEQ CLIENT NAME          NUMBER  NUMBER   SSN        TYPE CODE ENRL DATE CODE  EMPLOYED   WAGE  WEEK  TYPE
009 |=== ================================= ======= ======= =========== ==== ==== ========== ==== ========== ====
010 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999 999-99-9999 !    !   MM/DD/YYYY !!   MM/DD/YYYY 99.99 999.9   !
011 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999 999-99-9999 !    !   MM/DD/YYYY !!   MM/DD/YYYY 99.99 999.9   !
014 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999 999-99-9999 !    !   MM/DD/YYYY !!   MM/DD/YYYY 99.99 999.9   !
016 |999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 9999999 9999999 999-99-9999 !    !   MM/DD/YYYY !!   MM/DD/YYYY 99.99 999.9   !
017
022 |
023 |                    ENROLLMENT/TERMINATION/PLACEMENT SUMMARY
024 |            ------------------------------------------------------
025 |                         REPORT PERIOD    CUMULATIVE
026 |            PARTICIPANTS  MM/DD/YYYY       MM/DD/YYYY TO MM/DD/YYYY
027 |            ------------ ------------ ------------------------
028 |              ACTIVE        99999          99999
029 |              ENROLLED      99999          99999
030 |            TERMINATED      99999          99999
031 |              PLACED        99999          99999
032 |
033 |
034 |
035 |
```

Chapter

15

Print Welfare-to-Work Registration Form (PWRF)

This chapter provides instructions to retrieve, view, and print a completed WtW Registration Form (EWRF) from the JTA system.

This program is used to print out information that was entered on the EWRF form.

Line Item Instructions

The following are line item instructions for the Print WtW Registration form.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
App Number	Enter the WtW application number you wish to print.
Include signature Block (Y/N)	If you wish the printed WtW Registration form to include a signature block for the applicant, choose **Y**. If no signature block is desired, select **N**.

After all fields have been entered, the record may be filed by using the **<File>** key. When the Report Input/Output Handler (RIOH) appears, name your report and **<File>** again. You may then view and print the report as usual.

PWRF – Print WtW Registration Form

```
PWRF            Print WtW Registration Form

        Retrieve Existing Report, Enter (Y)es or (N)o   N

        App Number                                      1234567

        Include Signature Block (Y/N)                   N
```

This is an example of the PWRF which includes the signature block.

PWRF - Report Layout

```
            1         2         3         4         5         6         7         8         9
    01234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
    -------------------------------------------------------------------------------------
000 | PWRF              WELFARE TO WORK REGISTRATION FORM         MM/DD/YYYY
001 | !!!!!!!!                                    HH:MM:SS
002 |
003 | App Num        !!!!!!!     App Date  MM/DD/YYYY        SSN  !!!-!!-!!!!
004 |
008 | Client Name           !!!!!!!!!!!!!!!!!!!!!
008 | Address               !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
009 |                       !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
010 | Mail Address          !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
011 |                       !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
012 | Phone                 !!!-!!!-!!!!
013 | Message Phone         !!!-!!!-!!!!
014 |
015 | Gender                !!!!!!
016 | Birthdate             MM/DD/YYYY
017 | Age                   !!
020 | Num Dependents        !!
021 | Non-Custodial Parent  !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
022 | Alien Doc             !!!!!!!!!!!!!!
023 | TANF Case Num         !!!!!!!!!!
024 | Reading Grade         99.9                    Math Grade                   99.9
025 | Higest Grade Completed  !!
026 |
027 | Within 12 Mths Limit !!!              TANF Assist >= 30 Mths      !!!
028 | School Dropout      !!!              Received GED                !!!
029 | Lim English Speaking    !!!               10% Window Eligible    !!!
030 | Teen Pregnancy            !!!                Teen Parent                       !!!
031 | Poor Work History     !!!          Homeless                        !!!
032 | Disabled              !!!          Substance Abuse                 !!!
033 | Locally Defined Char  !!!        State Match                !!!
034 |
035 | Citizen                !               !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
036 | Education Status       !               !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
037 | Eligibility          !!     !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
038 | Ethnicity           !!!      !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
039 | GEO                !!!!!!       !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
040 |
041 | Interviewer               !!!!!    !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
042 | Reviewer                  !!!!!      !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
043 |
044 | Client Certification:  My signature below indicates that I have been informed of and
045 | understand the information contained on this form.  I certify under penalty of perjury
046 | that all of the above information is true and complete.  I agree that any information
047 | I have supplied is subject to verification.  I understand that falsification of any
048 | item is grounds for termination from the Welfare to Work program and may result in
049 | action to recover any moneys paid to me while participating.
050 |
051 | _____        _____
052 | Signature of Client                                    Date
053 |
054 | _____          _____
055 | Signature of Parent, Guardian or Other Responsible Adult         Date
056 |
057 | _____        _____
058 | Signature of Interviewer                               Date
059 |
060 | _____        _____
061 | Signature of Reviewer                                  Date
062 |
    ------------------------------------------------------------------------------------------------
```

Chapter

16

Print Welfare-to-Work Enrollment Form (PWEF)

This chapter provides instructions to retrieve, view, and print a completed Welfare-to-Work (WtW) Enrollment Form (EWEF) from the JTA system.

This program is used to print out information that was entered on the EWEF form.

Line Item Instructions

The following are line item instructions for the Print WtW Enrollment Form.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Case Number	Enter the WtW Case number you wish to print.
Include Signature Block (Y/N)	If you wish the printed WtW Enrollment form to include a signature block for the applicant, choose **Y**. If no signature block is desired, select **N**.

After all fields have been entered, the record may be filed by using the **<F5>** file key. When the Report Input/Output Handler (RIOH) appears, name your report and **<File>** again. You may then view and print the report as usual.

Function Keys

All function keys will operate in the normal mode.

PWEF – Print WtW Enrollment Form

```
PWEF          Print WtW Enrollment Form

    Retrieve Existing Report, Enter (Y)es or (N)o      N

    Case Number                                        1234567

    Include Signature Block (Y/N)                      N
```

This is an example of the PWEF which includes the signature block.

PWEF Report Layout

```
        1    2    3    4    5    6    7    8
0123456789012345678901234567890123456789012345678901234567890123456789012345678890
--------------------------------------------------------------------------
000 | PWEF          WELFARE TO WORK ENROLLMENT FORM          MM/DD/YYYY
001 | !!!!!!!!                              HH:MM:SS
002 |
003 | Case Num  !!!!!!!
004 | App Num   !!!!!!!
005 |
006 | Client Name  !!!!!!!!!!!!!!!!!!!!
007 | SSN        !!!-!!-!!!!
008 |
009 | Assessment Prior to Enrollment  !!!
010 | Assessment Date          MM/DD/YYYY
011 |
012 | Enrollment Date          MN/DD/YYYY
013 | Enrolment Code            !
014 | Enrollment Code Description    !!!!!!!!!!!!!!!!!!!!!!!!!
015 |
016 | Program Type             !
017 | Program Type Description       !!!!!!!!!!!!!!!!!!!!!!!!!
018 |
019 | Grant Code               !!!
020 | Grant Code Description         !!!!!!!!!!!!!!!!!!!!!!!!!
021 |
022 | YOA              YYYY
023 | Agency Code              !!!
024 | Agency Name              !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
025 |
026 | Enrolling Staff ID       !!!!!
027 | Enrolling Staff Name         !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
028 |
029 |
030 | _____
031 | Signature
032 |
033 | _____      _____
034 | Title                               Date
035 |
```

Chapter

17

Print Welfare-to-Work Employment Records (PWER)

This chapter provides instructions to retrieve, view, and print a completed WtW Employer Form (EWER) from the JTA system.

This program is used to print out information that was entered on the EWER form. All employment records for the case will be retrieved for the report.

Line Item Instructions

The following are line item instructions for the Print WtW Employment Records.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Case Number	Enter the WtW Case number you wish to print.

After all fields have been entered, the record may be filed by using the **<F5> file** key. When the Report Input/Output Handler (RIOH) appears, name your report and **<F5>** again. You may then view and print the report as usual.

Function Keys:

All functions keys will operate in the normal mode.

PWER – Print WtW Employment Records

PWER   Print WtW Employment Records
 	
      Retrieve Existing Report, Enter (Y)es or (N)o   N
 	
      Case Number   1234567

This is an example of the PWER. All employment records for a specific case will be retrieved.

PWER - Report Layout

```
          1         2         3         4         5         6         7         8         9        10        11        12        13        14        15
16
0123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
12
     ---------------------------------------------------------------------------------------------------------------------------------------------------
000 |  PWER                                        Welfare to Work Employment Records Report
MM/DD/YYYY
001 |  !!!!!!!!
HH:MM:SS
002 |
003 |  Case Num  !!!!!!!     Client Name   !!!!!!!!!!!!!!!!!!!!    SSN  !!!-!!-!!!!
004 |  App Num   !!!!!!!     Program Type  !  !!!!!!!!!!!!!!!!!!!!!!!!!!!!!
005 |
006 |  Emp         Date                                          Job                      Concur  Hrs    Hrly    Hrly    Sector  Fringe  Non-Trad
Plcmt
007 |  Rec Agcy    Employed  Employer/Employer Contact           Code/Title               Emplmt  Wk     Wage    Wg Sub  Type    Bene    Emplmt
Staff
008 |  ___ ____  _____  _____    _____    _____   _____  _____  _____  _____  _____  _____
_____
009 |  !!  !!!  MM/DD/YYYY  !!!!!!!!! !!!!!!!!!!!!!!!!!!!!!!!!!!   !!!.!!!-!!!                !!!   999.9  999.99  999.99    !       !!!     !!!
!!!!!
010 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!         !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
011 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
012 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  !!!-!!!-!!!!
013 |
014 |  Emp         Date                                          Job                      Concur  Hrs    Hrly    Hrly    Sector  Fringe  Non-Trad
Plcmt
015 |  Rec Agcy    Employed  Employer/Employer Contact           Code/Title               Emplmt  Wk     Wage    Wg Sub  Type    Bene    Emplmt
Staff
016 |  ___ ____  _____  _____    _____    _____   _____  _____  _____  _____  _____  _____
_____
017 |  !!  !!!  MM/DD/YYYY  !!!!!!!!! !!!!!!!!!!!!!!!!!!!!!!!!!!   !!!.!!!-!!!                !!!   999.9  999.99  999.99    !       !!!     !!!
!!!!!
018 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!         !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
019 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
020 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  !!!-!!!-!!!!
021 |
022 |  Emp         Date                                          Job                      Concur  Hrs    Hrly    Hrly    Sector  Fringe  Non-Trad
Plcmt
023 |  Rec Agcy    Employed  Employer/Employer Contact           Code/Title               Emplmt  Wk     Wage    Wg Sub  Type    Bene    Emplmt
Staff
024 |  ___ ____  _____  _____    _____    _____   _____  _____  _____  _____  _____  _____
_____
025 |  !!  !!!  MM/DD/YYYY  !!!!!!!!! !!!!!!!!!!!!!!!!!!!!!!!!!!   !!!.!!!-!!!                !!!   999.9  999.99  999.99    !       !!!     !!!
!!!!!
026 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!         !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
027 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
028 |                        !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!  !!!-!!!-!!!!
```

Chapter

18

Print Welfare-to-Work Termination Form (PWTF)

This chapter provides instructions to retrieve, view, and print a completed WtW Termination Form (EWTF) from the JTA system.

This program is used to print out information that was entered on the EWTF form.

Line Item Instructions

The following are line item instructions for the Print WtW Termination Form.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Case Number	Enter the WtW Case number you wish to print.
Include Signature Block (Y/N)	Default is set to **N**. If you wish the printed WtW Termination Form to include a signature block for the participant's signature, enter **Y**.

After all fields have been entered, the record may be filed by using the **<F5> File** key. When the Report Input/Output Handler (RIOH) appears, name your report and **<F5>** file again. You may then view and print the report as usual.

Function Keys

All function keys will operate in the normal mode.

PWTF – Print Welfare-to-Work Termination Form

This is an example of the PWTF.

```
PWTF                 Print WtW Termination Form

       Retrieve Existing Report, Enter (Y)es or (N)o   N

       Case Number                                     1234567

       Include Signature Block (Y/N)                   N
```

This is an example of the PWTF which includes the signature block.

PWTF - Report Layout

```
              1         2         3         4         5         6         7         8
     012345678901234567890123456789012345678901234567890123456789012345678901234567890
     --------------------------------------------------------------------------------
000 |  PWTF                      WELFARE TO WORK TERMINATION FORM        MM/DD/YYYY
001 |  !!!!!!!!                                                          HH:MM:SS
002 |
003 |  Case Num  !!!!!!!
004 |  App Num   !!!!!!!
005 |
006 |  Client Name  !!!!!!!!!!!!!!!!!!!!
007 |  SSN          !!!-!!-!!!!
008 |
009 |  Program Type              !
010 |  Program Type Description  !!!!!!!!!!!!!!!!!!!!!!!!!
011 |
012 |  Grant Code                !!!
013 |  Grant Code Description     !!!!!!!!!!!!!!!!!!!!!!!!!
014 |
015 |  Agency Code               !!!
016 |  Agency Name               !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
017 |
018 |  Increased Wages           !!!
019 |  Termination Code          !!
020 |  Termination Code Description  !!!!!!!!!!!!!!!!!!!!!!!!!
021 |  Termination Date          MM/DD/YYYY
022 |
023 |  Termination Staff ID      !!!!!
024 |  Termination Staff Name    !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
025 |
026 |
027 |  _____
028 |  Signature
029 |
030 |  _____  _____
031 |  Title                     Date
032 |
```

Chapter

19

Print Welfare-to-Work Monthly Activity Report (PMAR)

This chapter provides instructions to retrieve, view, and print WtW monthly activity information. By using the "all enrolled" option, case records that do <u>not</u> have an associated EMAF record but meet the other selection criteria will also be retrieved.

<u>Line Item Instructions</u>

The following are line item instructions for the Print WtW Monthly Activity Report.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Enter Report Beginning Period	Enter the beginning date for which you would like records to be retrieved. Format is **MM/YYYY**.
Enter Report Ending Period	Enter the ending date for which you would like records to be retrieved. Format is **MM/YYYY**.
Sort by (A)gency or (G)rant	This report will sort by either agency code or grant code. Default is set to **(G)rant**.
Agency Code	If you wish to see records for all agencies, you may enter **%** or leave the field blank. If you wish to see records for one agency only, enter the agency number here. You may retrieve records for more than one specific agency by separating the desired agency codes with the **|** pipe symbol.

Grant Code	If you wish to see records for all WtW grant codes, you may enter **%** or leave the field blank. If you wish to see records for one grant code only, enter the grant code. You may retrieve for multiple WtW grants by separating the desired grant codes with the **|** pipe symbol.
Case Number	You may retrieve records for a specific case or multiple cases. For one case, enter the WtW case number you wish to retrieve. For multiple cases, enter the WtW case numbers separated with the **|** pipe symbol.
Include all enrolled (Y/N)	Default is set to **N**. To retrieve <u>all</u> WtW case records for which there is an enrollment, including those with no activities, enter **Y**.

After all fields have been entered, the record may be filed by using the **<F5>** file key. When the Report Input/Output Handler (RIOH) appears, name your report and **<F5>** file again. You may then view and print the report as usual.

Function Keys:

All functions keys will operate in the normal mode.
The **<F1>** key will provide a list of valid codes when used on the "Agency Code" and "Grant Code" fields.

PMAR – Print WtW Monthly Activity Report

```
PMAR          Print WtW Monthly Activity Report

     Retrieve Existing Report, Enter (Y)es or (N)o      N
     Enter Report Beginning Period                      MM/YYYY
     Enter Report Ending Period                         MM/YYYY

     Sort by (A)gency or (G)rant                        G
     Agency Code                                        _____
     Grant Code                                         _____
     Case Number                                        _____

     Include all enrolled? (Y/N)                        N

```

PMAR - Report Layout

```
    0123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567
000|PMAR                                              LWIB NAME HEADING                                                        run date
001|opr id                                                                                                                     run time
002|                                      WELFARE TO WORK MONTHLY ACTIVITY REPORT
003|                                            FOR MM/YYYY TO MM/YYYY
004|                                      !!!!!! CODE: !!! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
005|
006|
007|                                CASE      APP      PGM    FIRST DT  !!!!            ACTVY  ACT   ACTIVITY   OPT     TOTAL     EST
008|SEQ CLIENT NAME                           SSN    NUMBER   NUMBER   TYPE  PARTIC SRV !!!!  RPT MTH AGCY  CODE  DESCRIPT   CODE    EXPEND     CMPLT DT
009|=== ======================================= =========== ======= ======= ==== ========== ==== ======= ===== ==== ========== ====== ========= ==========
010|999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 999-99-9999 9999999 9999999  !   MM/DD/YYYY !!!  MM/YYYY !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
011|                                                                                          !!!              !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
012|                                                                                          !!!              !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
013|                                                                                               MM/YYYY !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
014|                                                                                                            !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
015|999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 999-99-9999 9999999 9999999  !   MM/DD/YYYY !!!  MM/YYYY !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
016|999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 999-99-9999 9999999 9999999  !   MM/DD/YYYY !!!  MM/YYYY !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
017|                                                                                          !!!              !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
018|                                                         9999999 9999999  !   MM/DD/YYYY !!!  MM/YYYY !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
019|                                                                                          !!!              !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
020|999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 999-99-9999 9999999 9999999  !   MM/DD/YYYY !!!  MM/YYYY !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
021|                                                         9999999 9999999  !   MM/DD/YYYY !!!  MM/YYYY !!!   !!   !!!!!!!!!! !!!!!! 99,999.99 MM/DD/YYYY
022|999 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! 999-99-9999 9999999 9999999  !   MM/DD/YYYY
023|
024|
025|
026|
027|
028|
029|
030|
031|
032|
```

Chapter

20

Print Welfare-to-Work Base Wage Report (PWBG)

This chapter provides instructions to retrieve, view, and print out the Base Wage information after it is returned from Labor Market Information Division (LMID).

After LMID compares the wages and results are returned to the State, a file is loaded by the State into the databases of individual WtW subgrantees. The information is not available to the subgrantees until the file is loaded.

Line Item Instructions

The following are line item instructions for the Print WtW Base Wage Report.

Retrieve Existing Report, Enter (Y)es or (N)o	Enter **Y** if you want to view or print an existing report. Enter **N** if a new report is to be generated from the JTA system. Default is set to **N**.
Grant Code	If all grant codes are desired, enter '**%**'. If only one grant code is desired, enter that grant code here. Multiple grant codes may be entered by separating the desired codes with the '**|**' pipe symbol.
Agency Code	If all agency codes are desired, enter '**%**'. If only one agency code is desired, enter that agency code here. Multiple agency codes may be entered by separating the desired codes with the **|** pipe symbol.
Include Agency Break	Default is set to **N**. Enter **Y** if you want the report to break by agency as well as grant code.
Report End Date	Enter the end of the report period for which you want to retrieve data. Format is **MM/DD/YYYY.**
Include Detail?	Default is set to **N**. If detail to the case level is desired, enter **Y**.

After all fields have been entered, the record may be filed by using the **<F5> file** key. When the Report Input/Output Handler (RIOH) appears, name your report and **<F5> file** again. You may then view and print the report as usual.

Function Keys

All function keys will operate in the normal mode. The **<F1> help** key will provide a list of valid codes when used on the "Grant Code" and "Agency Codes" fields.

PWBG – Print WtW Base Wage Report

PWBG	Print WtW Base Wage Report
Retrieve Existing Report, Enter (Y)es or (N)o	N
Grant Code	!!!!!!!!!!!!!!!!!!!!
Agency Code	!!!!!!!!!!!!!!!!!!!!
Include Agency Break	N
Report End Date	MM/YYYY
Include detail?	N

PWBG – Report Layout

```
1    2    3    4    5    6    7    8
 012345678901234567890123456789012345678901234567890123456789012345678901234567890
  ----------------------------------------------------------------------------
000 |PWBG          Print WtW Base Wage Report                  MM/DD/YYYY
001 |!!!!!!!!      XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX            HH:MM:SS
002 |              Report End Date:  MM/DD/YYYY
003 |
004 |
005 | Subgrantee Code: !!! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!
005 | Agency Code: !!! !!!!!!!!!!!!!!!!!!!!!!!!!!!!
006 |
007 | Retained 6 months in Unsubsidized Employment            999,999
008 | Earnings gained in 6 months following Placement in Unsub Emplmt   9999.99%
009 |    Sum of Earnings of those Retained in 2nd Subsequent Quarter   999,999,999.99
010 |    Sum of Earnings of Same Group in Base Quarter         999,999,999.99
011 |
012 | Case            Date    Earnings   Earnings   Earnings
013 | Number    SSN     Employed  Quarter 1  Quarter 2  Quarter 3
014 |------- ----------- ---------- ---------- ---------- ----------
015 |!!!!!!! !!!-!!-!!!!  MM/DD/YYYY 999,999.99 999,999.99 999,999.99
015 |!!!!!!! !!!-!!-!!!!  MM/DD/YYYY 999,999.99 999,999.99 999,999.99
015 |!!!!!!! !!!-!!-!!!!  MM/DD/YYYY 999,999.99 999,999.99 999,999.99
015 |!!!!!!! !!!-!!-!!!!  MM/DD/YYYY 999,999.99 999,999.99 999,999.99
015 |!!!!!!! !!!-!!-!!!!  MM/DD/YYYY 999,999.99 999,999.99 999,999.99
015 |!!!!!!! !!!-!!-!!!!  MM/DD/YYYY 999,999.99 999,999.99 999,999.99
016 |
```